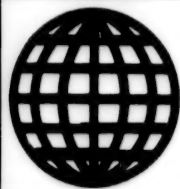


JPRS-TEP-93-025

8 November 1993



**FOREIGN  
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# ***JPRS Report***

# **Epidemiology**

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***WORLDWIDE HEALTH***

# Epidemiology

## WORLDWIDE HEALTH

JPRS-TEP-93-025

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8 November 1993

[This EPIDEMIOLOGY report contains material on worldwide health issues. AIDS and other epidemiology topics will be covered in later issues. Comments and queries regarding this publication may be directed to Drusilla, FBIS, P.O. Box 2604, Washington, DC 20013.]

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### **Lunda Norte's Dundo Hospital Requires Repairs**

*MB1410062493 Luanda TPA Television Network  
in Portuguese 1930 GMT 13 Oct 93*

[Text] The Dundo Hospital of Lunda Norte Province needs attention. The lack of financial resources embarrasses both patients and the medical staff. There are no medicines and the mortality rate is on the increase. The Dundo Hospital cannot cope with the situation.

[Begin Lunda Province health officer Sozinade Manzita recording] Existing units have attended to 57,453 outpatients. The emergency ward attended to 6,415 patients, 7,341 of whom have been admitted. The gross mortality rate was 4 percent, and the net mortality rate 1.8 percent. The main causes of the mortality rate were malaria, acute diarrhea, acute respiratory diseases, measles, anemia, and tuberculosis. [end recording]

The present political and military situation in the province has further aggravated the already deficient health care program. There has been an increase in the number of residents, but medicines and food are in short supply. Over the last quarter, Dundo Hospital delivered 994 babies, a substantial figure for a city of the size of Dundo.

The provincial health officer says the central government should provide medicines, transportation, and financial assistance as a matter of priority in order to renovate the Dundo Hospital.

### **Situation in Capelongo Hospital**

*93WE0580A Lisbon PUBLICO in Portuguese 4 Aug 93  
p 10*

[Article by Ana Sa Lopes]

[Text] They arrived early in the morning and attacked the hospital. They killed most of the patients and took medicine and blankets. Laurinda escaped because she hid in the bathroom, Emidio because he covered himself with a blanket.

It was six in the morning and Helena Laurinda, a nurse, was on duty at the Capelongo Hospital, 25 km from Matala, Huila Province (formerly Sa da Bandeira). She began to hear shouts of "long live the FAA [Angolan Armed Forces], down with UNITA [National Union for the Total Independence of Angola]" and she ran to the bathroom to hide. At first she was afraid. Later, she "had to have courage." When everything was over, she began "to shake." In the early morning attack on 26 July attributed to UNITA, 20 people were killed.

Dr. Miguel Gamboa is convinced that their motive was to steal medicine and blankets. Along the way, nine patients were killed, others wounded. The hospital's infirmaries are now empty—the wounded went to Matala. The only one remaining, Emidio Baptista, a survivor from the tuberculosis wing, where there had been six patients, is now outside the wing, sitting down,

leaning against a post. He says he saved himself by hiding under a blanket. It was dark, and whoever came only took the blanket.

On the UNITA side, 15 people were killed during the course of the intervention by government forces, according to official information. The local doctor told PUBLICO there was only one death and one prisoner among the attacking forces. According to the zone administrator, the rebel organization has bases within 25 km, but does not have sufficient troops for the government to fear an invasion.

In the hospital, Helena Laurinda recounts that she was lucky to be able to hide in the bathroom, lucky that no one went in there, and lucky that she did not try to flee. Because it was in fleeing that some patients were killed. And she does not know how long the action lasted. She only says that "it was fast." The doctor, who was at home, says "about an hour."

Laurinda, who hid when she heard men entering, gave a disarming smile: "When everything was over," she says, "that is when I began to shake." At the hospital, says Miguel, the medicine in the emergency room was stolen. Tiago sighs when he says most of it was in the unit's pharmacy, and since the invaders did not know where it was, some lots remained safe. But they took three stethoscopes and three blood-pressure gages.

Capelongo Hospital, recently constructed, has one doctor. The 17 people wounded during the course of the attack were taken to Matala Hospital, an indescribable place where a member of "Doctors Without Borders" works.

The Matala Health Center has broken windows, is painted blue, and has the 12-star symbol of the European Community on its door. In the infirmary, someone forgets about a pile of garbage and a broom in the corner. Maria de Fatima is sitting on the bed, next to her father. She was hit outside during the Capelongo attack. How old is the child? The father thinks: "About five..."

PUBLICO arrived at Capelongo in an FAA helicopter. We traveled with supplies, four women, and three children, one of them nursing. On the return, many people were awaiting the boat to Lubango. And the zone's military commander said he had "marching orders." Waiting for the helicopter was a wounded person in a stretcher, and an adolescent of 16, a prisoner suffering from malnutrition who claimed he was "retired," that is, he had voluntarily left UNITA. Barefoot, dressed in green, the boy huddled inside the jeep, and moved only to greedily grasp a can of food handed to him. He lived in Dondo and his name was Celestino.

The pilot did not want to take off. It appears the motor was not working properly. He needed pliers and there were none. He waited for the pliers to arrive. Outside, someone was laughing: "That helicopter was already in the Ethiopia war..." The problem was resolved. The wounded patient in the stretcher, the boy prisoner, the

soldiers, another woman nursing a child, PUBLICO, and a chicken, we all departed. Amidst the habitual noise, the chicken was the only one that, sporadically, broke the monotony of the plane's sound.

Capelongo is 200 km from Huila's capital, Lubango, which contrasts with the sick city of Luanda. If there were continuous water, and the electricity did not fail, and the shots at nightfall (not from the war, mind) were not habitual, the contrast would be complete. Lubango has had little effect from the war: the only building totally destroyed was the Hotel Imperial, UNITA's headquarters in the city, destroyed during the confrontations last 2 January when Savimbi's movement was run out of Lubango.

Apart from that, the city exists in a state of calm combining the excellent preservation of the buildings, harmony in the streets, and the people's more or less peaceful air. We talked about this with a high-level local government official, an Angolan. "If only you had known the city 20 years ago, when we had everything!" One would have to walk about with a lit candle to find a sweeter reference to the colonizers.

### Mozambique

#### WHO Efforts To Rehabilitate Country's Health Network

93WE0604A Maputo *TEMPO* in Portuguese 5 Sep 93  
pp 23-27

[Article by Inacio Laissone: "A Partner in Restoring the Health Network"]

[Text] The World Health Organization (WHO) is making various types of support available in order to empower the Mozambican Government in its programs to rehabilitate and build the health network.

Set up in the country in 1976 as the result of the agreements signed with the Mozambican Government, WHO has been carrying out a variety of activities in the health field with particular emphasis on making financial resources available. Everything is carried out based on requests from the local authorities because there are no separate WHO projects, but it does participate in national programs.

WHO's resident representative in Mozambique, Dr. Kabamba Nkamany, gave an overview of the activities of this international organization in the country, emphasizing the availability of funds for the restoration of primary health care, the strengthening of institutions, and the carrying out of multisector projects to guarantee "health for all in the year 2000," the ultimate goal of the international community.

Furthermore, in 1978, the member countries of WHO, meeting at the international conference on primary health care, which was held in Alma Ata in the former Soviet Union, stated that primary health care "is the key

to the restoration of health for all." According to Dr. Kabamba Nkamany, our country at that time was already an example in the field of providing primary health care.

The war that shattered the country, especially destroying the health network, smothered the efforts that had been carried out up until then and placed the people in a situation of extreme poverty. The current spectrum of health services is characterized by high incidences of malaria, cyclical diarrheic diseases including cholera, the virus that causes AIDS, and limited institutional capacity.

Even though the governmental entities are endeavoring to rehabilitate and build health infrastructures in order to tackle the programs aimed at guaranteeing primary health care to all, vaccination coverage is better in the cities than in the countryside.

WHO's resident representative in the country states that nearly 150,000 children under five years of age die annually as the victims of various diseases. Anemia and postpartum infections are responsible for the high level of maternal mortality. This is a situation that has forced the Ministry of Health to produce a manual from the Extended Vaccination Program (PAV) and has forced its decentralization based on the plan established with WHO, UNICEF, and other donors.

#### HEDIP [expansion not given] Project In Milange

In spite of this worrisome panorama, Dr. Kabamba Nkamany said that the health situation in Mozambique is not very different from the one found in many developing countries. He is a proponent of the need for a multisector approach to the problems of health, particularly with respect to the application of primary health care, in so far as health for all demands close intersector cooperation to improve the quality of services, avoiding verticalization of the programs.

It is in this perspective that WHO is financing the multisector research project in the district of Milange, in the Province of Zambezia, designated as HEDIP. The goal of this project is related to the reinforcement of local capabilities in the face of the growing needs caused by the massive return of refugees and displaced persons, the number of whom is estimated at 120,000 people (data from ACNUR [expansion not given] from 1992).

In the health sector, the HEDIP project calls for reinforcing leadership through contracting and recycling of personnel, furnishing medicines, vaccines, products for nutritional rehabilitation, and expansion of mobile teams (vaccination and maternal-infant assistance) within the framework of community health.

In its first phase, the activities of the HEDIP project in the Milange district serve to mobilize the communities, the community leaders, and to stimulate their role in identifying priorities and possible solutions. Promotion



of small investments for the rehabilitation and construction of infrastructures, support for school health and health education for the teachers, community education, improvement of transportation and communications, promotion of literacy and women's initiatives, as well as protection of vulnerable population groups are other areas already identified.

Still in the field of multisector activities and citing the case of nutrition, the health authorities state that "it is clear that the health sector, by itself, has little possibility of insuring good nutrition if the entities from the Ministry of Agriculture do not help produce the necessary food." Furthermore, the Ministries of Health, Agriculture, and Commerce, in coordination with WHO, FAO [U.N. Food and Agricultural Organization], and UNICEF, are preparing a national food and nutrition plan to fulfill the recommendations that came out of the international conference on nutrition and food that was held in Rome in December of last year.

#### WHO's Contribution

In its statutes, WHO defines health as being "a state of complete physical and mental well-being, and not a mere absence of diseases or weakness" and proclaims the principle that health is a fundamental right of man and, as such, governments are responsible for the health of the people whom they govern.

With this in mind, joint government-WHO mechanisms have been established to analyze the health policies and strategies for each country and to help each one of them evaluate up to what point they conform with the overall health policy for all, identifying the activities that may benefit from the resources from WHO and from other donors that conform to the collective policy.

And so Dr. Kabamba Nkamany stated that in the period between 1982 and 1993, WHO made nearly \$4 million available to the Ministry of Health within the framework of the regular budget under AFROPOC [expansion not given], which is earmarked for providing primary health care. In the course of the same period and in the area of reinforcement of institutional capacity, that international organization of the United Nations system granted \$1.5 million to the Mozambican Government for personnel training at various levels.

The WHO representative stated that the majority of the employees of the Ministry of Health have benefited from scholarships made available by it. During the same period, WHO granted \$700,000 to the information and statistics sector of the Ministry of Health.

WHO and other donors in the health sector have extra-budgetary funds available for the enactment of various emergency programs. The major beneficiaries of these funds are the Regional Health Development Center (CRDS) and the Program to Monitor and Combat AIDS, which in the 1992-93 biennium consumed \$300,000 and \$690,000, respectively.

#### Some Obstacles

The health sector is emerging from a war that especially destroyed its infrastructures and now faces some obstacles deriving from that conflict and from the country's current predicament. Dr. Kabamba Nkamany was optimistic with regard to the success of the programs now under way and stated that some constraints on the health sector are being overcome with the financial support of the donor community.

Furthermore, he himself made an evaluation of the foreign contribution in the health sector contained in a report written by UNDP [United Nations Development Program] referring to 1990, which verifies that the largest amounts go to the areas of technical cooperation, primary health care, investments, and assistance to projects.

It also concluded that many donors from the health sector are directing their funds to the same areas, and therefore the WHO representation in the country, in coordination with specialists from the Ministry of Health, carried out two studies in March 1993 related to the negotiation of foreign assistance and the mobilization of resources for the health sector.

The national economy and social planning are facing new demands with the goal of converting the emergency programs to those of development. For that, Mozambique must answer the recent appeal from the General Assembly of the United Nations concerning "The Country Strategy Note" launched by Boutros Ghali that, as Dr. Kabamba Nkamany said, offers an opportunity to coordinate the contributions of several donors.

#### WHO Presence In UNOMOZ

Since the signing of the General Peace Accord for Mozambique, WHO has been present in the United Nations operation in the country (UNOMOZ), and it has concentrated its activities toward the sectors of demobilizing soldiers from the two armies and on UNOHAC [expansion not given]. Furthermore, Africa Recovery, an information bulletin from the United Nations, states in its May 1993 edition that WHO has prepared a \$1.2 million program for the services of analysis and medical treatment for all the demobilized soldiers and their dependents.

For Dr. Kabamba Nkamany, the main goal of the health program is to guarantee primary health care in the centers where troops are lodged. A technical agreement that has been worked out includes a medical examination of the soldiers when they arrive, accompanied by health education and information, providing daily primary health care and transferring the most serious cases to referral health units.

The WHO representative in the country stated that the monetary value initially calculated has grown and has gone from \$1.2 million to \$3.065 million. He also said that in every center where troops are lodged, basic health

care for the soldiers and their dependents and the surrounding population will be guaranteed by medical personnel from WHO with the financial and material support of UNICEF, U.S.AID [U.S. Agency for International Development], and NORAD [Norwegian Agency for International Development].

#### Prospects

The programs developed by WHO in the country are integrated into the group of priorities that have been spelled out by the government. According to Dr. Kabamba Nkamany, the Ministry of Health, with the funds made available by WHO, the World Bank, U.S.AID, and other donor organizations, has already produced a document on the policies and strategies concerning development of the public health sector in the country during the decade of the 1990's.

Working on a multisector and coordinated basis, WHO and other donors from the health sector promise to continue to make funds available to the Ministry of Health so that it can guarantee primary health care to the people on the way to "health for all in the year 2000."

#### Foreign Aid Reports Monitored 6-12 Sep

MB1209174893 FBIS Mbabane Bureau 6-12 Sep 93

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau 6 to 12 September on foreign aid to Mozambique. Items are listed by donor. Source follows each item.

#### ITALY

Agricultural Tools, Seeds—Through the UN Humanitarian Aid Program, the Italian Government is to grant Mozambique some \$4 million to finance the emergency program for agricultural tools and seeds. The relevant accord was signed in Maputo last week. That four-month program will cover Manica, Sofala, Zambezia, and Maputo Provinces. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 6 Sep 93)

#### EEC

Aid To Counter Tsetse Fly—The tsetse fly is still affecting livestock production in Mozambique. National Livestock Director Dr. Fernando Songani told NOTICIAS that a regional meeting on the control of the tsetse fly is scheduled to be held late this month. The meeting will discuss, among other issues, better ways for developing livestock production. Dr. Songani also said our country has received about 2 million ECUs [European Currency Unit], about 120,000 contos, from the EEC for a project for regional control of tsetse fly to be carried out within three years by Mozambique, Zimbabwe, Zambia and Malawi. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 11 Sep 93)

#### Renamo Said 'Cautiously' Opening Areas in Zambezia

MB1309104393 Maputo MEDIAFAX in Portuguese 13 Sep 93 p 3

[Excerpt] Philippe Huet, administrator of the "Doctors Without Frontiers" [MSF] French nongovernmental organization, has told MEDIAFAX that the Mozambique National Resistance [Renamo] is very cautiously opening its areas to more foreign humanitarian aid organizations. According to data made available by MSF, which operates both in Renamo- and government-controlled areas, there are serious levels of malnutrition and medicine shortages in Renamo-controlled areas (40 cases of measles resulted in 23 deaths in Derre in August). [passage omitted]

#### Health Sector, Facilities for Disabled

93WE0504A Maputo TEMPO in Portuguese 11 Jul 93 pp 24, 28-30

[Article by Teresa Sa Nogueira]

[Excerpts] Inhambane: Land of good people. A province where all efforts are being taken to support the population returning to their places of origin, even though there seem to be people determined to swim against the current, who have no scruples in profiting from the war and famine to increase their own incomes. [Passage omitted]

#### Excessive Warehousing

On 1 June an accelerated vaccination program was initiated in Homoine, which was supported by UNICEF.

In an experiment, the campaign was kicked off two days earlier in Vilankulo, where Pedro Trezentos, district health director, reminded us that his district was one of the most seriously affected by the war, which reduced the number of health units to an alarming extent. "We have not yet succeeded in rehabilitating even half," he said. "Even so, we have not had any cases of serious epidemic in the last three years, not even measles. What we are trying to do now is get out of the villages and go to the settlements in the country, because now it is possible to work in distant areas."

District Health Director Adalberto Dengo provides more details: "We have 99 health units in this province, one provincial hospital, and two rural hospitals. Now, with the people returning to their places of origin, our work is focused more on primary health care, vaccination programs, triage, and nutritional research."

We had heard that the World Food Program [WHO] had sent a large shipment of spoiled food to Inhambane. The health director confirmed the story: "That's true, we received some products from the WHO to be used in "LOA" [a mixture of milk, oil, and sugar], which is a pabulum for newborns and sick patients in the hospitals.

The shipment was very large, we had to request assistance to store it, because it was 398 tons of products, soya, oil, beans, corn, and sugar. What happened was that 172 tons of soya, 38 of sugar, and 58,000 liters of oil had already arrived, but a large proportion of those products came with stamps showing they had passed their expiration dates. Some were already in an advanced state of deterioration, while others seemed normal. We collected samples and sent them to laboratories in Maputo to do quality tests there. I think they spent too much time in the Manita Commercial Center warehouses in Maputo, and must have spoiled there."

According to the test results, the products that had not yet spoiled would be rapidly distributed among the population. The rest would be fed to animals, or used as fertilizers on the farmland.

"How long had they been in the warehouses?" Dengo shrugs his shoulders—"Long enough to spoil."

Whose fault was it? Dengo does not know. If he did, he would not tell.

#### Transit Center

Inside the Inhambane Provincial Hospital there is a transit center for the physically handicapped, funded by Handicap International.

It has as an annex a primary school, which serves the neighboring community as well as the patients and also has a kitchen garden and some coops for raising ducks and chickens.

The center's capacity is 32 patients, who come from all over the province and who, while awaiting their prostheses, busy themselves with domestic tasks: cleaning, cooking, gardening, caring for the animals. The most serious cases arrive via the Chicucue Hospital and are generally amputees injured in landmines or accidents. This is what happened to Lurdes, a 14-year-old girl who grabbed a piece of metal without realizing it was leaning against a high-voltage cable, and Maria, 13, who stepped on a mine when she was gathering chestnuts in an orchard near her school.

Maria is still at Chicucue and is recovering from the trauma of having one leg and one hand amputated. Lurdes lost both arms. Cipriano, who we found playing with dice at a table on the patio, lost a leg when he stepped on a mine close to his home.

Teacher Ventura Cumbane is a different case: she lost her legs from disease, she does not know what it was, "at the Chicucue hospital they didn't explain anything, they just cut." But she now walks with some speed on two wooden legs, without needing crutches, because she is in a hurry to return to her house and school.

Our reporter saw a child of about one year old try to take some steps, but lose his balance and fall.

Xavier Lemre, director of the technical course in physical therapy, explains that the child has a mental paralysis, which causes problems with motor development. We are trying to help him with a wooden cane and physical therapy. Later, as he grows, the cane will be lengthened, but what is important is that he learn to keep his balance. He will never be a normal child, like the others, but here we can help his possibilities of development.

#### A Life That Is Almost Normal

In the offices, Felisberto Macuacua puts the finishing touches on a strange wheelchair: it is very low, and it has a wooden triangle in front with a third wheel on the point.

"This chair is made of a local material, chanfuta," he explains, "and it has this design to be able to roll in the sand. The handicapped person is going far away, to areas where there is always a great deal of sand. So if the chair is not well made, it will not work. Then it will be very difficult for him to return here."

Lurdes, perched on the end of a table, waited for the nurse to measure her for her new arms.

The amputation was above the elbows. Now they apply to her a white cream, some laces, and an attachment ending in a hook.

"This prosthesis for two arms was not made here," said a nurse, Mateus. "We will make five different adaptations: this hook to pick up things, another with an attachment to hold a pen, another with a spoon to eat. Later we will also make her two arms with hands, for esthetic reasons."

Lurdes later will be able to lead an almost normal life. But she will never be able to live alone, because to put on and take off her equipment, she will need someone to help tie and untie the laces.

As she grows, she will have to return to the center, so they can make her other arms: "Two, three times, as many as needed," says the nurse Mateus. "She will grow, she will put on weight, and only then can we know how many times she will have to return. For now she will have to remain here a few months until she learns to use her prostheses. How many months? That depends on her."

At the entrance we noticed the sign: "Vicent Gernington Transit Center for the Physically Handicapped."

"Vicent was a Frenchman who worked here for more than a year," explains Xavier Lemre. "Then he went to Afghanistan and I went with him, to work there also for Handicap International. When we were traveling together to deliver prostheses to a center, we were caught in an ambush and many of those in the car were killed. Only two of us survived, seriously wounded, and I was one of them. So, we named this center after Vicent."



## South Africa

### Hospitals Coping With Increasing Drug Prices

93WE0593A Johannesburg *THE STAR* in English  
9 Aug 93 p 1

[Article by David Robbins]

Well over R1 million a week—nearly three times the amount required at Groote Schuur—is being spent on medicines in the Johannesburg Hospital.

In 1990/91 both hospitals expected to spend in the vicinity of R30 million. Johannesburg Hospital ended up spending R43.3 million, while the roughly comparable Groote Schuur introduced stringent controls.

Since then, Johannesburg Hospital's spending has increased to a huge R68.9 million on drugs, while Groote Schuur is spending around R24 million.

Although direct comment from Johannesburg Hospital's superintendent could not be obtained, senior doctors strenuously denied that overprescribing and pilfering of drugs could be draining large amounts of money from the hospital's coffers each month.

However, multi-item scripts are commonplace, and, apart from treatments for specific diseases, general items such as baby powder, paracetamol and food supplements are also frequently prescribed.

The recent Steinmetz report on the rationalization of South Africa's crisis-ridden health services estimated that R100 million could be saved nationally simply by decreasing the number of items per script to three.

"It is also estimated that fraud, theft and trafficking in institutions managed by the State can amount to as much as R500 million per annum," said the report.

### UCT Academic Discusses Health Care, Education

93WE0593B Cape Town *THE ARGUS* in English  
23 Aug 93 p 9

The value placed on health care in most developed countries is illustrated by the fact that 6-12% of the annual national expenditure is allocated to these activities.

Although South Africa is only a middle income developing country (and spends about 6% of its gross national product on health care) the quality of our medical education system is acknowledged internationally and our best medical care in both the public and private sectors has been, until recently, as good as could be obtained anywhere in the world.

Our pride in these achievements is, however, diminished by the maldistribution of health and health care that has inevitably been associated with apartheid policies.

As we move rapidly and turbulently through a long awaited transition period the challenges we face in the health care sector are to maintain quality in our health care and education systems, to reduce maldistribution by developing better primary and community health care facilities, and to reshape medical education by creating a balance between individualized care and population health that will facilitate human development and economic growth.

The complexity of the task cannot be underestimated and those who propose simple, quick-fix, ad hoc solutions, based almost entirely on criticisms of medical schools, should be suspected of fostering short-term self interest (politically or economically) and of lacking the long-term vision necessary for a successful transition.

The debate on how to design and implement some very necessary changes is regrettably loaded with self-serving rhetoric and misleading populist appeals.

As health professionals we have committed decades of our lives to delivering health care to all in our society on a non-racial and unprejudicial basis, to educating health professionals capable of meeting South Africa's health care needs, to advancing knowledge of value both for the clinical care of patients today and for future progress, and in participating constructively in the difficult but necessary changes which face us in South Africa.

We should like to bring to public attention some factual data and some concerns which require exposure and debate.

The public sector which accounts for about 50% of total health care expenditure in South Africa cares for more than 80% of the population and provides an educational infrastructure on which all health care in the country has been built, is dependent and which will underpin future education.

Public and academic medicine are rapidly eroding under the influence of a shrinking budget, loss of staff to an expanding private sector and justifiable increasing demands from a deprived populace claiming equitable access to health services.

At present approximately 50% of all money spent on health care in South Africa is spent in the private sector, in which 50% of all doctors and 25% of all nurses in the country minister to the needs and wants of less than 20% of our population.

Little research, development, training or continuing education of significance takes place in this sector, which generates high profits for businessmen and pharmaceutical companies and places no restrictions on the exceedingly high incomes some medical practitioners wish to earn.

Much attention has been given to the high cost of academic medical institutions. It is claimed that Groote Schuur Hospital is too expensive; that it consumes too

much of the health budget and that the cost per patient is too high. This assessment is misleading and the public deserve to be informed of:

- The extent to which our academic complex—which includes Groote Schuur Hospital, Red Cross Children's Hospital, a portion of the Somerset Hospital, Princess Alice Hospital, Mowbray Maternity Hospital, Valkenburg Hospital, Avalon, William Slater and three midwife obstetric units (PMNS, Khayelitsha and Heideveld)—provides considerable primary and secondary health care services in addition to so-called high-tech medicine which constitutes a relatively small proportion of all our activities.
- Indeed the reason for so many of these primary and community services being provided at the teaching hospital complex is directly due to the lack of health planning and development of community health facilities in the Cape—to which we have repeatedly drawn attention, without response, for more than a decade.
- The extent of our productivity in terms of large numbers of grateful patients treated with compassion, efficiency and expertise.
- The education, training, consultation and referral services provided both within the institution and far beyond its walls—to general practitioners, specialists, rural institutions and other African countries—on a regular and continually expanding basis—and the extent to which we function as a national resource.
- To give just one example, the Princess Alice Hospital provides an internationally recognized orthopedic/arthritis patient care and educational service. No other such facility exists in Southern Africa. It is a unique, precious asset.
- The international links established over many decades which are not of potentially great value to South Africa as we become politically legitimate partners and can begin to benefit on our terms from interaction with influential and supportive colleagues eager to facilitate constructive change.
- The need to develop better primary and community health care facilities supported by academic centers before withdrawing staff and services from our large hospitals, whose organizational structure enables a large volume of work to be undertaken continuously and efficiently at all levels of health care.
- The fact that resources generated through research activities are also extensively used to provide clinical care of patients.
- That our research program has considerable immediate practical relevance as well as potential long-term value.

It is also not widely appreciated that the UCT Medical School and its teaching hospital complex is the only fully

intact medical and health care institution on almost the whole of the African continent.

Its value to the country symbolically, materially and in terms of its potential contribution to the future of South Africa, Southern Africa and the rest of Africa (which is increasingly calling on us for assistance) is being forgotten and obscured by emphasizing that it is a more costly complex than some others in the country—without any attempt at comparing the "value for money" of its output with that of other institutions, or considering the value of a fully functional institution and the Herculean task of rebuilding it if it is allowed to collapse.

Nor is it appreciated that the New Groote Schuur Hospital (approved in 1974, a time of economic boom, and planned to have about 30% more beds and staff than the old GSH, and built in 1984- 87, well into the recession) now has fewer beds and less staff than the old GSH.

Cost containment exercises have resulted in major savings but these have been achieved not only through greater efficiency and hard work but also at the cost of withdrawing some basic services (for example, General Outpatients Department) that cannot be maintained in the face of such cuts.

Furthermore the goalposts keep shifting and we are now required to cut staff by another 10-20% in this financial year to save about R80 million! This can only be achieved through further withdrawal of services, including some primary and secondary care.

In the face of growing public demands for health care (and at a time when there are no constraints on private medicine) this is a recipe for disaster.

While the impact of withdrawing basic medical services is currently being imposed predominantly on the still unenfranchised and voiceless poor section of our community (whose amazing goodwill is being stretched to its limits) it is social and political folly not to realize that services will be affected much more widely with consequent loss of public morale and a negative effect on economic recovery.

If South Africa needs anything to survive its transition process this is surely a state of solidarity between people of widely diverse social and economic positions.

Narrowing some of the disparities in health care through a well thought-out systematic process, which includes continuation of the private sector (with some regulation), could boost morale immensely and contribute to the solidarity required for de-escalation of violence in our country.

We recognize:

- The severity of the economic crisis facing our country, with government expenditure in 1993/94 (R115 billion) exceeding revenue (R85 billion).

- The need to reshape health care, medical education and other vital social structures to achieve more equitable health care and human development.
- The requirement for public accountability and public participation in changes that have profound short- and long-term implications.
- That to take place constructively these changes require coordinated planning and implementation.

We also wish to be on public record as having opposed:

- The concept of autonomous academic complexes unless these can function within a coordinated regionalized health service.
- The introduction of limited private practice, as we believe this to be an interim and incomplete attempt to retain senior staff.
- The unilateral restructuring of health services without public debate.
- Financial cutbacks based on analysis of costs without any evaluation of productivity or long-term implications.

#### Statistics Show Health Crisis Worsening

93WE0550C Durban *THE DAILY NEWS* in English  
22 Jul 93 p 1

[First paragraph *THE DAILY NEWS* comment]

The Government must find R100 million to avert "drastic measures," including retrenchments and hospital closures, being taken by the Natal health authorities.

Natal faces hospital closures and staff retrenchments this year in a deepening public health crisis unless the Government bails the provincial health services with R100 million.

So says the outgoing MEC in charge of Health, Peter Miller, who has so far been able—using, by his telling, "every trick in the book"—to minimize the impact of inadequate budgets on provincial hospitals and clinics.

"I leave the health portfolio having no idea whatsoever where we will find the final R100 million necessary to balance the budget," he said in an interview. "The only solution I can see is that the Government will have to come up with an additional appropriation."

Speaking on the health budget in April, Mr Miller warned that the year of reckoning had arrived: "We were nearly R300 million short of our minimum requirement to maintain health services at the present unsatisfactory level.

"The Administrator himself led a delegation to see the Minister of Health in May and she (Dr Rina Venter) has been fully apprised of the situation—that if we do not get bailed out, the health service in Natal will have to take extremely drastic measures.

Mr. Miller said this would involve last resort measures such as closures, retrenchments and other steps.

Savings of about R200 million had been effected this year, he noted. The health services branch had performed miracles in cutting costs, he noted, but these savings inevitably came at the cost of maintaining facilities and replacing worn, redundant and out-of-date equipment. "All of this amounts to delaying the day of reckoning," he said.

Latest statistics show that Natal still lags pathetically behind the other provinces on per capita health allocation. Although the gap is slowly closing, Natal has R235 this year, Transvaal R266, the Free State R293, and the Cape R401.

The disparity between the highest and lowest, the Cape and Natal, has narrowed from 85.9 percent in 1991/92 to 70.6 percent this year. Natal's per capita health allocation has increased by 23 percent in the past three financial years.

Mr. Miller announced yesterday that the prospect of overspending R100 million this year had led to a decision to restructure the province's health structures, which would affect both Grey's and Northdale hospitals in Pietermaritzburg.

The province's acting chief director of health services, Dr Patrick Lowe, said the restructuring would avoid costly duplication and bring affordable medical care to all.

He said a number of options had been discussed and changes would be brought about slowly over the next six months.

Health services, he said, had been duplicated in a costly way under the system of separate development and the proposed restructuring would bring better care to all people more cheaply.

The Natal Provincial Staff Association, which claims to represent most workers at Northdale and a "considerable number" at Grey's, said it would embark on a programme of mass action to stop the NPA from restructuring until it was fully discussed with all parties.

Job security at both hospitals was threatened, the association said, and authorities had set aside money for retrenchments.

"The implications and consequences of the restructuring have not been discussed by the NPA with the staff," it said. The association would meet members from Northdale Hospital on Saturday "to formulate a programme of action, which may even lead to strike action."

### Pharmaceutical Company To Assist Cuba

93WE0550A Johannesburg THE NEW NATION  
in English 16-30 Jul 93 p 2

[Text] A South African pharmaceutical company will give more than one million multi-vitamin tablets to Cuba to help fight a mysterious eye disease which has struck the Caribbean island.

South African Communist Party (SACP) spokesperson Jeremy Cronin told NEW NATION the Lennon Pharmaceutical Company of Port Elizabeth had offered to donate 1.2 million tablets to help the embattled country.

Cuban head of state Fidel Castro has blamed the outbreak of the disease on food and medical shortages resulting from the United States of America's 30-year blockade of the island.

Cronin said 26,000 Cubans had already been diagnosed as having the disease which causes progressive blindness and partial paralysis.

In an effort to combat the disease, Cronin said the Cuban government had decided to supplement the diet of all Cubans with multi-vitamins.

"People who have been supplied with these vitamins are responding well," he said.

Despite Cuba having one of the best health systems in the world, it has not been able to cope with the epidemic and has appealed to the international community for help.

Cronin said the SACP and the Cuba Solidarity Committee (CSC) had launched a campaign to help the Cuban government.

"It is important that we, as South Africans, come to the aid of Cuba—a country which has done so much for South Africans and the continent," he said. "We appeal to people to pledge their solidarity with the people of Cuba."

### Status of Children's Health Nationwide Reported

93WE0550B Johannesburg THE STAR in English  
22 Jul 93 p 11

[Report by Marika Sboros]

[Text] No one knows just how many South African children die before they complete their first year. Few realize that hundreds of thousands of our children are quietly dying from preventable diseases, and that nobody is recording the tragedy.

Life is dangerous for most of this country's children. The hazards start even before birth when the children of malnourished women, who get little ante-natal care and live in poor conditions, are likely to be weak and succumb to infection in the first few days after delivery.

### Alliance

They need a new agenda, a "grand new alliance," says the first report compiled on the state of South Africa's children.

The study was compiled by this country's leading academics in health, education and social policy and launched by the United Nations Children's Fund (Unicef) and the National Children's Rights Committee (NCRC).

No government can achieve a major reduction in childhood death without support from the private sector, popular organizations, the media, non-governmental organizations, church leaders, parents and other groups.

"All need to come together in that alliance and adopt a unified policy to put children first in the new South Africa," says the report.

Our infant mortality figures tell a chilling story: statistics indicate that the rate for black children is more than 10 times greater than it is for their white counterparts.

The first step in the new agenda, says the study, is immunization.

South Africa should pledge to immunize 90 percent of the country's children within the first 30 days of an interim government.

That campaign should form the basis of sustained immunization cover so that all children are fully immunized against six killer diseases: measles, TB, diphtheria, tetanus, polio and whooping cough.

SA government figures suggest that 70 percent of the child population has been immunized, but that statistic excludes the TBVC states.

A 1988 Transkei study revealed that only 30 percent of children between one and two were fully immunized. Rural South Africa has low immunization rates: 41 percent in the western Cape, 47 percent in southern Transvaal and 49 percent in the northern Cape.

And while South Africa is well on the way to eradicating polio, many children are still not immunized against the disease in rural districts. If South Africa does not mobilize to immunize all the children, polio could strike again, killing and disabling along the way.

Diarrhea is estimated to cause a fifth of infant deaths, yet it is easily and cheaply prevented through the use of oral rehydration therapy. A simple sugar and salt solution, mixed with water quickly rehydrates children on the brink of death after massive fluid loss from diarrhea.

Children die from pneumonia and other respiratory diseases, especially during the winter months.



### Sanitation

Improving living conditions and providing water and sanitation to all South Africans, would also sharply reduce the number of childhood deaths.

Unicef estimates that providing clean water to everyone on the African continent would cost an average of R70 per person per year.

Environmental health experts have estimated that improvements in water quality and quantity, sanitation and health education would lead to a 50 percent reduction in childhood diarrhea.

But the risks of illness caused by poor living conditions and inadequate health care, are compounded by the ever-present threat of violence in this country.

### Mobile Hospital for Bosnia Described

93WE0477C Johannesburg ARMED FORCES  
in English Jun 93 pp 17-18

[Article: "Mobile Hospital for Bosnia War: Developed Through Defence Production Experience"]

[Text]

#### \*Using Standard ISO 6 Metre Containers

#### \*126 Beds Back by Full Facilities

This project is another instance of technical expertise that has been developed by South African companies through experience gained from their defence contracts.

The building of a 126 bed mobile hospital for shipment to Bosnia on behalf of the Waqfu'l Waqifin Foundation by Van De Wetering Engineering can be seen as a major breakthrough in this type of humanitarian undertaking.

The R4-million hospital is based on 20 separate isothermic containers that were refurbished by Van de Wetering and then converted into the individual requirements for each of the hospitals units.

The project from the initial approach to completion involved a time factor of weeks. An accomplishment that was largely due to the expertise that had been accumulated over the years and that Van De Wetering gained in the design and supply of specialized mobile medical and military field units for the South African Defence Force.

The hospital originated from an idea of the South African Muslim Community and their Waqfu'l Waqifin Foundation (an Arabic term meaning the "Gift of the Givers"), an organization that is closely involved in giving humanitarian aid in many areas of suffering. Another region where they are involved for sometime is Mozambique and it is possible that their involvement in this area will soon be expanded.

The mobile hospital consists of a complete theater unit with operating table, anaesthetic machine, monitors,

defibrillator, scrub area, air conditioner, generator, electricity source and special surgical units and equipment.

The other units include:

- a Sterilization unit complete with shower facilities
- an x-ray unit with bucky table, darkroom equipment and protective lead wall
- an intensive care unit with special ICU beds, ventilator, monitors and electrocardiograph
- a casualty container for medical emergencies
- an out-patient unit
- a complete dispensary unit
- two medical wards
- two surgical wards
- a paediatric general ward
- a paediatric orthopaedic ward equipment with traction units
- two complete orthopaedic wards also with traction equipment
- four paediatric container units for toddlers
- a fully equipped dental unit x-ray machine, and
- an ambulance

In addition, the hospital comprises two field tents with capacity for 50 beds, wheel chairs, all essential equipment (e.g. blood pressure monitors, stethoscopes, glucometers, etc.) medicines, sutures, bandages, dressings, surgical instruments and theater clothing.

Each ISO container is 6 metre long, can be transported by standard container handling equipment, allows for modular construction to meet specific needs and can be erected on any reasonable flat ground surface to provide the easiest access to the facility.

This Containerised Medical Unit (CMU) technology provides high-quality medical care facilities that are easy to transport, can be quickly erected on almost any terrain and can be easily adapted to prevailing conditions or requirements.

Special attention has been paid to protecting the sensitive and delicate medical equipment and the rugged tests in action during the "bush war" years has proved the reliability and effectiveness of the technology.

A major advantage of a CMU is that it is a facility that can be held in waiting either in use or in storage when it can be easily transported to an area of need.

### Crisis Affecting State Hospitals Noted

93WE0499A Johannesburg THE STAR in English  
7 Jul 93 p 13

[Article by David Robbins: "Hospitals Wilt Under the Load"; first paragraph is introductory paragraph]

[Text]The current crisis in the casualty department of the Johannesburg Hospital is a symptom of a far greater crisis which will finally overtake every State hospital in the country. Health writer David Robbins examines the background and the future.

For thousands of health workers, the increasing workloads now being witnessed in the wards and corridors of our premier academic hospital would come as no surprise.

Ask anyone who's worked in Hillbrow, Coronation or Baragwanath—or scores of other South African hospitals which have found themselves in recent years at the sharp end of the provision of medical care in a rapidly developing and desegregating country.

Indeed, all hospitals in the country are in a state of uneasy transition.

At one time, and not so long ago, they formed the backbone of South Africa's health system.

### Problems

They were curative in intent and sometimes quite grandiose in design.

Money was hardly a constraint in the '70s. That's when the Johannesburg Hospital was built at a cost of R140 million.

The '70s were also a time when the health problems of the fledgling homelands seemed a long way away; and a time, even after the warning salvo from Soweto in 1976, when influx control was alive and well and living everywhere.

The '80s changed all that.

Influx control finally collapsed without a murmur.

The turmoil in the townships ensured huge influxes of black people into white Johannesburg long before the Group Areas and other apartheid Acts were repealed.

In 1986, the Government was beginning to talk about primary health care as if it were a newly discovered panacea for the manifest health problems in the homelands and other rural areas.

By the end of the '80s, thanks to sundry military adventures and sanctions, the country ran out of money.

In 1990, hospitals were officially desegregated, although in practice the process is still going on.

And in April 1993, there was a shortfall on hospital budgets of more than R300 million in the Transvaal alone.

But the patient loads on hospitals are increasing.

While the emphasis changes from a curative health system to a more integrated preventive model, the hospitals and those who work them bear the brunt of the daily realities of South Africa's health crisis.

A glance at the history of Johannesburg Hospital is illuminating. It was originally planned as a 2,000-bed facility which would be commissioned in phases up to

the year 2020. No doubt this would have been ample for the growth of the city's white population, but history intervened.

The hospital has never had more than 1,000 beds operational, and inevitably the occupancy rates have always been high.

During the middle '80s, significant numbers of qualified staff were lured into the rapidly expanding private hospital sector.

The situation was aggravated by the whole process of urbanization which loaded existing urban health services with thousands of people unable to make use of private facilities.

By 1987, the staff shortage and the pressure on the hospital led to a decision to reduce the number of operable beds to maintain reasonable nurse/patient ratios.

At a time when expansion was urgently needed, therefore, the hospital was contracting.

From eight 31-bed wards in the medical section, capacity was reduced by eight beds per ward.

Similar cuts were effected in other sections of the hospital. But the result of this was simply that wards carried heavier loads: in the case of the medical wards, occupancy rates of up to 120 percent were commonplace.

### Pressure

Poor working conditions again plunged the hospital into a staffing crisis, and in an attempt to alleviate the situation, hard-option zoning was introduced.

"This was the only way to relieve the pressure on what after all is a major academic teaching hospital," a senior doctor said.

"The three legs on which such an institution rests are service, teaching and research.

"What was happening here was that the service load was stunting the teaching and especially the research functions."

The whole of the Witwatersrand was divided into zones, each zone serviced by one of the approximately 20 hospitals in the region.

Phase one of the zoning system dealt with outpatients at casualty departments who could walk.

Phase two would have dealt with in-patients, but agreement was never reached between the participating hospitals.

Now, with the relaxation of zoning, Johannesburg is in trouble once again, and the budget cuts in hospital spending (so that more money can be released for primary health care, according to National Health) are being widely blamed.

"It's all very well talking about a shift from curative to preventive and primary health," said a group of weary casualty doctors, "but don't starve the one before the other is up and running."

### Queues

"We're faced with very serious problems here. If we're to provide this soft-option zoning, there'll soon be queues running all the way to Empire Road."

Perhaps that's the idea.

Will long waiting times at Johannesburg do more than hard-option zoning, to encourage patients to use their regional hospitals and clinics?

TPA health officials point out that there are only two ways of dealing with the problem which is afflicting Johannesburg Hospital at the moment.

Either, patient numbers need to be reduced (which is what zoning attempted to achieve), or staff must be increased (which is not possible because of wide-spread budgetary cuts).

Neither South Africa nor Johannesburg Hospital specifically is alone in facing this problem. All urbanizing countries are grappling with congestion at the centre which translates, in terms of health care delivery, to a convergence on the major urban-based hospitals.

The World Health Organisation has suggested the building of peripheral urban hospitals to take pressure off the centre.

This solution is being tried in Maseru, the capital of Lesotho. But the solution has been widely criticized as being far too expensive.

And, in any event, the Witwatersrand has a system of peripheral hospitals which people tend to ignore.

Kenya has responded to a similar problem by virtually privatizing its tertiary hospitals, thereby removing them from the State health system except as referral institutions.

In South Africa, the Academic Health Centres Bill proposes something similar, but the Bill has so far met widespread opposition.

Other suggestions to alleviate the mounting pressure on health facilities at the centre of rapidly urbanizing societies include the charging of differential fees (more expensive at the centre), and education programme coupled with reliable peripheral facilities.

### Efficient

The ideal here, according to some experts, is a combination of different facilities, including clinics which are staffed by doctors, and which are efficient, well-equipped with drugs, and which offer short waiting times and quick access to a referral system which works.

This ideal would make a welcome change in South Africa, where inevitably the peripheral service is administered by a local authority while the hospital to which the patient is referred is run by the province.

And often, especially for the poor, the linkages between the two are tenuous to say the least.

It's easier and more effective, therefore, for patients to start at the centre.

### Medical Brain Drain; Foreigners Filling Gaps

93WE0507A Johannesburg SUNDAY TIMES  
in English 11 Jul 93 pp 1, 2

[Article by Charis Perkins: "Dodgy Doctors Flood Into SA"]

[Text] A desperate attempt to fill the gap left by a medical brain-drain from South Africa has allowed as many as 2,000 ill-qualified foreign doctors from countries such as Bulgaria, Cuba and Somalia into state hospitals.

Local practitioners are deeply concerned that lives could be put at risk by these doctors, who are practicing "a brand of medicine not taught at Wits", as one specialist put it this week.

An October 1988 decision by the SA Medical and Dental Council to bend its normally stringent rules and allow doctors to practice without first passing a compulsory examination to test their skills and language proficiency was reversed last year.

But in the meanwhile, a Sunday Times spot survey this week found many rural and regional hospitals in the Witwatersrand, Northern Transvaal, Vaal Triangle and Natal now have foreign-doctor complements of more than 70 percent.

### Horror

Local doctors and hospital superintendents said the SAMDC's decision to waive the examination was a "disaster".

Many foreign doctors, they said, knew dangerously less about medicine than their locally-trained counterparts.

A doctor who did his post-graduation internship at an East Rand hospital, which employed a high percentage of "specialists" from Eastern Europe in 1990, said he had found, to his horror, that he knew more about medicine than they did.

"They had some terribly outdated practices," he said. "I worked in obstetrics alongside East Europeans, and they would use all kinds of rough maneuvers to deliver babies in cases where we would have automatically performed caesareans. They were also short on basic skills. They could not perform bone-marrow biopsies, set up drips or insert chest drains in patients who had been stabbed."

"Many were assigned to the casualty ward, but they did not have the practical experience to cope with the stress of dealing with patients who needed immediate treatment for life-threatening injuries."

Another doctor, who worked in four state hospitals on the Witwatersrand before she went into private practice late last year, said the influx of poorly-trained foreign doctors had been "hair-raising".

"People trained in India, Pakistan, Eastern Europe and Africa pitched up in droves. They had no idea of local standards or practices, and had often not encountered the diseases we had to treat."

#### Difficult

Hospital superintendents and doctors also said a large number of foreign doctors spoke only a smattering of English, and battled to communicate with patients and nursing staff.

SAMDC registrar Nico Prinsloo said the council had suspended the compulsory examination under pressure from hospitals, which were desperate for staff.

He said the examination was reinstated in April 1992 because without it, the SAMDC found it difficult to gauge the skills of foreign doctors.

But even those who lobbied to have the examination reinstated acknowledge that hospital services in South Africa could not survive without the foreigners.

"We would not be able to provide state medical care without them," said one superintendent. "Hospital services would simply collapse."

South African graduates generally go into private practice or emigrate as soon as they have completed internship because of poor pay and difficult working conditions in state hospitals.

Senior Hospital Doctors' Association of South Africa representative Dr. Jim Muller said as many as 50 percent of English-speaking medical graduates were leaving the country to go overseas, where their degrees were highly sought after.

He said graduates were often forced to leave the country to earn "real currency" so they could pay back student loans.

But, he added, the increase in foreign doctors in South Africa represented a worldwide trend, and the SAMDC needed to find a better way to screen them for registration.

Mr. Prinsloo said the SAMDC did not keep statistics on the ratio of foreign doctors to South Africans working in state hospitals, but had granted limited registration to 2,568 applicants between April 1990 and the beginning of this year.

He said most foreign doctors were from countries such as India, Nepal, Bangladesh, Colombia, Bolivia, Liberia, Yugoslavia, Romania and Paraguay, while others had come from the Philippines, Taiwan, Kenya and China.

In terms of a reciprocal agreement, doctors who obtain primary medical qualifications in Britain, Ireland and Belgium are automatically entitled to full registration in South Africa.

#### Proton Treatment of Cancer Tumors Now Available

93WE0507B Johannesburg THE STAR in English  
12 Jul 93 p 6

[Article by Anita Allen, science writer: "SA Adopts Protons To Fight Cancer"]

[Text] Proton treatment of cancer tumours that are not amenable to surgery, conventional radio-therapy or chemotherapy will be possible in South Africa from next month.

In a boost for cancer research in this country, the National Accelerator Centre (NAC), near Faure in the Cape, will focus on proton treatment in future, according to a statement from the Foundation for Research Development (FRD).

The NAC will be the first institution in the southern hemisphere, and one of about a dozen in the world, to use protons for routine treatment of tumours.

The NAC is one of the leading neutron treatment facilities in the world and nearly 500 patients have been treated there.

Professor Gerd Schmitt of Heinrich Heine University in Dusseldorf, an expert in the field of radiotherapy, will help establish the clinical proton therapy programme.

The NAC offers a unique combination of facilities and exciting possibilities for research, according to Schmitt, who takes up a part-time consultancy at the NAC from September.

The advantage of proton therapy compared to neutron therapy is that the dose can be delivered with greater accuracy and it is easier to control.

"What makes proton therapy treatment so exciting is that dosages can be increased by up to 30 percent during therapy, thus leading to a substantial increase in tumour control probability, with less risk of damage to surrounding tissue," Schmitt said.

"Proven research results will be used at the NAC," Professor Schmitt concluded.



**Johannesburg Hospital: Casualty Department Crisis**

93WE0499B Johannesburg *THE STAR* in English  
6 Jul 93 p 2

[Article by David Robbins: "Johannesburg Hospital Overloaded"]

[Text] Johannesburg Hospital is heading for a crisis as people pour into the casualty department from all over the Witwatersrand, taxing staff and resources to the limit.

Workloads have risen by more than 30 percent in the last month, and ambulatory patients at Transvaal's premier hospital must sometimes wait for up to eight hours before being treated. Even emergency cases can get caught in queues resulting in delays measured in hours.

The reason for the sudden influx is a change in hospital policy from the rigid implementation of a zoning arrangement designed to protect the hospital from overloading by patients from other parts of the Witwatersrand.

"Zoning is not the ideal solution," says a statement from TPA Health, which administers the hospital, "but it was introduced as an unofficial temporary measure in an attempt to reduce the workload in casualty."

Hard-option zoning was introduced about two years ago, and has resulted in nearly 20,000 patients being referred to other Witwatersrand hospitals between mid-1991 and last month.

TPA Health admits that a more efficient method of controlling workloads would be via an effective chain of referral which is based on the principle of sifting patients at clinics and other hospitals before making use of the expensive facilities at Johannesburg.

"But this principle is being largely ignored because of perceptions (among the public) that only the best will do.

"Johannesburg Hospital has now adopted a system of so-called soft-option zoning where patients are no longer turned away without some form of examination, interim treatment and referral to the appropriate facility."

This soft-option zoning policy was adopted in response "to many complaints from patients about the previous system where the patient was basically just turned away".

But the result of the latest move is that casualty health workers are taking the strain.

"The State is not putting in the resources necessary to support the hospital system," one disgruntled doctor said. "When zoning was first introduced, it was not accompanied by any publicity campaign. Doctors had to try to explain it to bewildered patients.

"Now, once again, it's doctors and nurses who bear the brunt of policy change. It's inevitable that resignations will follow."

**Togo****Health Minister Denies Rumors of Harmful Vaccines**

AB2009205793 Lome Radio Lome in French  
1230 GMT 20 Sep 93

For a few days now, the Togolese have been worried about rumors that deadly vaccines have been administered in some schools in the country. The health and population minister formally denies this false information and requests the gendarmerie and the law enforcement agents to investigate in order to discover those instigating this mind-poisoning maneuver. The minister has assured the people and asked them not to panic because no vaccination harmful to their health is being administered anywhere. As usual, vaccinations in Togo, like anywhere else, are given to prevent illness and not cause genocide.

**Uganda****SPLA Soldiers, Families Said Stranded at Border**

AB2708113593 Dakar PANA in English 1032 GMT  
26 Aug 93

[Text] About 50,000 soldiers of the Sudan Peoples Liberation Army (SPLA), and their families are reported stranded at the Ugandan border county of Aringa, 560 kilometers north-west of Kampala. The Uganda news agency (UNA) quoted local officials as saying 10,000 additional SPLA members were expected to join the stranded soldiers who fled a Sudanese Government offensive against rebels in southern Sudan. The fugitives were reported to have refused to hand over their guns to the authorities but appealed [to] the Uganda Government to allow them [to] stay in the country until they are able to join their colleagues in Sudan.

Meanwhile, Sudanese civilian refugees now settled in two transit camps near Koboko sub-district headquarters, about 10 kilometers from the Uganda/Sudan border, are reported to be dying of meningitis and measles. At least 30 of them comprising mainly old men, women and children are reported to have died in the last two weeks. Between five to six people are dying here daily, a Red Cross volunteer involved in the operation was quoted as saying. The adults were dying mainly of meningitis while children were dying of measles. The aid workers fear the death toll might rise because of the unhygienic and poor sanitary condition at the camps.

## Zimbabwe

### Official says Health Facilities on 'Brink of Collapse'

MB0410124793 Johannesburg Channel Africa Radio  
in English 1100 GMT 4 Oct 93

A Zimbabwean member of Parliament, Mr. Sydney Malunga, says health facilities in Zimbabwe are on the brink of collapse. Mr. Malunga, who serves on two hospital boards in Zimbabwe, said he was urging the Zimbabwean Government to rechannel finances from areas of less importance to improve health services. Health services in Zimbabwe were continuing to deteriorate in spite of Zimbabweans now paying for medical care. He said hospitals in Zimbabwe were nevertheless still having to cope with serious manpower, equipment, and drug shortages. The Government of Zimbabwe last year introduced hospital fees as a cost-recovery measure, in line with the country's Economic Structural Adjustment Program.

### Victory Near in Combat of Tsetse Fly

93WE0497D Harare THE HERALD in English  
20 May 93 p 4

[Text] With about 50,000 square kilometers of land along the Zambezi Valley cleared of tsetse during the last decade, Zimbabwe looks set for a victory over the deadly flies as a new method to kill them gathers momentum.

The phasing out of the use of DDT as a weapon to fight the flies, and the introduction of pyrethroid, the tsetse belt is gradually moving towards the country's border with Mozambique and Zambia.

The use of DDT was effectively stopped in 1990 after it had been seen that the insecticide had a harmful effect on the environment. Aerial spraying was not very effective because of the rugged terrain in most of the tsetse-infested areas and was stopped in 1988.

While pyrethroid is more effective than the insecticides that had been in use, it is more expensive and, therefore, calls for more funding both from outside donors and the Government.

The European Community recently injected \$40 million towards tsetse control in the country for the next three years and will provide an equal amount later to see that the flies are totally eradicated.

But the EC gift was not without conditions. The EC said DDT should not be used and that the resultant land use after the eradication of the fly should not compromise the environment.

To ensure that the programme does not hit snags and that there will be no environmental degradation later, the Zimbabwe Government recently formed the National Trypanosomiasis Co-ordinating Committee.

The committee is chaired by the director of the Agricultural Development Authority, Dr Liberty Mhlanda, and comprises representatives from several Government departments and other interested parties.

Committee members are drawn from agricultural wildlife, rural development, financial and health institutions within the Government, the EC, the Commercial Farmers' Union and the National Farmers' Union.

Zimbabwe's tsetse belt, covering about 30,000 sq km, is part of the common fly belt of Mozambique, Zambia and Malawi, which covers about 320,000 sq km.

Dr Mhlanda hoped that the tsetse fly will have been completely eradicated from the country by the turn of the century. However, in order to make this dream become a reality, all countries in the region have to play their part so as to avoid cross-border invasions.

The EC has not been found wanting in this regard. Zimbabwe's 40 million is part of a \$15 million SADC regional tsetse and trypanosomiasis control programme. The idea is to have the whole region get rid of the tsetse.

The recent war in Mozambique has made it difficult for the Frelimo government and the EC to carry out massive programmes, with most of the action confined to the Beira Corridor. It is now hoped that the peace prevailing in the country will shift more attention towards the tsetse problem.

Meanwhile, Zimbabwe is not waiting for action from its neighbors as it continues to create barriers along and towards the border.

The chief glossinologist of the Tsetse and Trypanosomiasis Control in the Ministry of Lands, Agriculture and Water Development, Cde William Shereni, said this week that about 70,000 targets had been deployed along the Mozambican border.

"We hope to have about 100,000 targets at the end of the year," he said.

He said there were 30 targets per linear kilometre and each square kilometre had four targets. The total distance covered by the barrier is 400 km.

The targets, which are black in colour, are sprayed with pyrethroid which kills the flies after contact. The tsetse is attracted to black. There are some flies which do not hit the targets and proceed into the country. It was, therefore, decided that all livestock just outside the belt should be dipped in a chemical called decatix, which is the same as pyrethroid.

As the tsetse tries to suck blood from the livestock, it is exposed to the chemical and dies.

Cde Shereni hoped that more targets would be put up over 4,000 sq km in the Dande and Mukwichi communal areas under an EC-funded project. The programme will run for three years.

The backbone of the fight against the tsetse is Rukomechi Research Station in Mana Pools, deep in the Zambezi Valley where a scientist, Dr Glyn Vale, leads a team of other scientists in research on how to deal with the tsetse problem.

The scientists are still trying to find ways of making the target system even more economical and viable.

When the National Trypanosomiasis Co-ordinating Committee visited the station this week, the glossinologist in charge, Cde Clement Mangwiro, showed it how he evaluated chemicals' performance and cost effectiveness.

A research glossinologist at the station, Cde Odwell Muzari, is doing sterile studies in tsetse behaviour so that there is knowledge of how the flies can be effectively fought.

It is envisaged that as the tsetse is eradicated, the land is to be used for productive purposes as it becomes more habitable.

Such land is in the Omay, Kanyati and Gatshe-Gatshe, which are inhabited mainly by the Tonga. Cattle are not part of the Tonga culture, but there are fears that more people from outside the Tonga culture will want to move into the areas because of the land pressure.

This will pose a problem to veterinary officers because the cattle will mix with buffalo, resulting in an outbreak of the foot-and-mouth disease.

The deputy director of Veterinary Services, Dr Welborne Madzima, said there should be enforcement of legislation on the movement of cattle so that the foot-and-mouth disease does not spread.

### **Government Launches New Drive To Eradicate Polio**

HK2709075493 Beijing CHINA DAILY in English  
27 Sep 93 p 3

[Report by staff reporter Xu Yang: "Fresh Move to Wipe Out Polio"]

A major bid is being launched to wipe out polio by 1995 was revealed at the National Conference on Polio Eradication in Beijing over the weekend.

All children under four are to be compulsorily vaccinated this winter to meet the goals set by the World Health Organization. The move was announced by State Councilor Peng Peiyun and Public Health Minister Chen Minzhang.

The nationwide scheme from December 5 to January 6 will particularly target remote areas to ensure every child is vaccinated.

High government officials will also take part to give the project a higher profile.

More than 100 million Chinese children will benefit from the programme. The inoculations are free, but all families will pay a nominal 0.1 yuan (\$0.02) per pill for the health worker's time and energy.

China declared war on polio in 1960. And last year just 1,191 cases were reported compared to more than 40,000 in the mid-1960s.

In 1990, Premier Li Peng signed the World Declaration on Survival, Protection and Development of Children, committing the government to protect youngsters from diseases.

All provinces, municipalities and autonomous regions have since improved their routine inoculation programmes. And the number of counties affected by the disease has fallen from 673 in 1990 to 429 in 1992 a drop of 26.7 per cent.

### **PRC: Beijing Health Bureau Notes Decrease in Infectious Diseases**

HK1709081593 Beijing CHINA DAILY in English  
17 Sep 93 p 3

[Report by staff reporter Zhu Baoxia: "Infectious Diseases Down 5.4 Percent in Beijing"]

[Text] Fewer cases of infectious diseases were reported in Beijing through August this year, a decline of 5.49 percent compared with the same period last year, an official from the Beijing Public Health Bureau said yesterday.

The decline is sharper among intestinal contagious diseases such as hepatitis and dysentery.

The incidence of dysentery declined 16.5 percent from last year, said Sun Xianli, the division chief in charge of epidemic control under the Beijing Public Health Bureau.

Sun said Beijing had eliminated polio by July, becoming one of the first cities to do so.

The central government requires that the incidence of polio across the country be eliminated by 1995.

Incidence of other children's diseases such as whooping cough, tetanus and measles is also declining due to the expanded immunization program among children. Almost all children in both urban and suburban Beijing are being vaccinated on schedule.

The number of food poisoning cases has also decreased since last year, Sun said. Of hotels and restaurants, 95 percent have reached State sanitation requirements.

Sun said drinking water in Beijing is safe and is "100 percent up to the State hygiene requirement."

All medical units have opened special departments for patients with intestinal infectious diseases and new cases must be reported to the municipal anti-epidemic centre.

Sun said the bureau is taking new steps to cope with increasing needs for better health care.

Besides further upgrading the skills of anti-epidemic workers, he said, the bureau will renovate medical treatment and epidemic surveillance facilities.

Each year the municipal government and the Public Health Bureau allocate 3 million yuan (\$526,000) towards facilities renovations.

An additional 2 million yuan (over \$350,000) was allocated to the anti-epidemic department this year to set up a complete communication network.

Epidemic reports can now be passed rapidly from the grass roots to municipal administrators. Beijing has 21 anti-epidemic institutes at city, district or county levels. Health care and anti-epidemic centres have also been set up in hospitals, neighborhood committees and village committees.

More than 6,000 professional doctors and trained volunteers are working in the anti-epidemic field in the capital city.

Sun said the bureau has recently launched a municipal program to educate the public about health care. The programme will establish health care education and publicity committees which will provide services in rural towns and urban neighbourhoods. Sun hopes that by 1995 such committees will be set up in more than half the city's towns and neighbourhoods.

**UNICEF Gives Praise for Iodine Deficiency Fight***OW1409210793 Beijing XINHUA in English  
2044 GMT 14 Sep 93*

[Text] The United Nations Children's Fund (UNICEF) said today it is encouraged by the efforts of the Chinese Government in dealing with the iodine deficiency disorders (IDD).

Speaking at today's press briefing at UNICEF headquarters, James Grant, executive director of UNICEF, said China is acting as a model for other countries in the world by attaching great importance to battling IDD.

As scheduled, China will hold a national advocacy meeting next week in Beijing, at which governors from all over the country and UNICEF representatives will be present.

According to UNICEF statistics, IDD threatens 425 million Chinese, which is equivalent to more than one third the global population at risk.

UNICEF believes that a high level of commitment will be obtained to ensure that all salt in China is iodized within the next few years.

Grant explained in today's briefing that IDD is the kind of mental retardation that is the easiest to prevent.

The universal iodization of alimentary salt will solve the problem and its cost is so low that every person can afford it. But because of the lack of movement from the governments concerned, Grant pointed out, IDD is still endangering people's health in many parts of the world, especially in the Third World.

**Droves of Mice Commit Mass 'Mousicide' on Altay Grassland***OW1308170493 Beijing XINHUA in English  
1225 GMT 11 Aug 93*

[Text] One day in early May, Kazakh herdsmen were shocked to find dead mice scattered around their tents, under their haystacks and in nearby rivers on the altay grassland in northwest China's Xinjiang Province.

The numbers of dead mice rose drastically around June 10 in altay and tacheng regions and five or six other counties. At a lake in Fuhai County, mouse corpses were seen lying on the shores and floating in the water. In one sluice gate on a river, more than 300,000 mouse carcasses were scooped up.

The mass mouse suicide also alarmed the government of the Xinjiang Uygur Autonomous Region, which promptly sent out experts from the locust and mouse exterminating headquarters and the locust and mouse disaster forecasting station to the scene.

According to the experts, the mouse, *Citellus Dauricus* by name, is 16-26 cm long, with a tail half the length of the body. A common mouse in northern China, it has

yellow or brown hair and big, protruding eyes. Thus, it is cursed as the "big-eyed devil" in some regions and known as the "yellow mouse" in others.

The governmental inspection team found that the mice crawled slowly and looked dull and dumb before committing suicide. In some cases, large groups of mice even drowned themselves together, plunging into rivers or lakes.

The team found no apparent morbid alteration in tissues of the intestines of the dead mice. Herdsmen's dogs showed no uncomfortable symptoms after eating them, either. No people or animals were reported sick or dead in these regions.

Nevertheless, the government cautioned people to avoid direct contact with the mouse corpses and to dispose of them by burying them deeply.

Currently, the mouse population is down sharply. Herdsmen say that peace has been restored to their grasslands.

What was the cause of the great mousicide? Some experts say that it is a normal ecological phenomenon.

Population density of the mice on the altay grassland had been growing since 1990, reaching the extreme in the autumn of 1992. Experts say that most likely the mice, as a species, fell prey to an infectious disease unknown to man, thus regulating their own numbers.

If a disease really has spread among the mice, some people argue, what is the pathogen driving them to put an end to it all in such great numbers? Can mankind separate this pathogen from the dead mice and use it to control mouse populations biologically?

However, if there is really such a pathogen, how come it spread the disease in such a blitzkrieg manner? The mass suicide around June 10 occurred in an area stretching nearly 10,000 sq km.

The experts worry that with the death of so many mice on the grassland, other creatures such as foxes, wolves, bears, hawks and owls will be affected, since mice form an important component of their diet.

Others even wonder if this is a premonition of an unprecedentedly drastic earthquake.

A single clear answer is yet to come.

**World Bank Loan Used for Tuberculosis Control***93WE0439B Beijing YIYAO XINXI LUNTAN [CHINA  
MEDICAL TRIBUNE] in Chinese Vol 19 No 16,  
29 Apr 93 p 1*

[Article by Shu Yuan [5289 0954] and Wan Liya [8001 0448 0068] "Tuberculosis Prevention Is Achieved in 162 Counties by Utilizing World Bank Loan"]

[Excerpt] [Passage omitted] The spread of tuberculosis (TB) epidemic in China is wide, TB morbidity is comparatively high, and its decline is slow. In some provinces, the TB morbidity rates are climbing upward. To rapidly control this popular health-threatening disease, the Chinese Government and the World Bank signed a loan agreement to implement TB control measures in the 1,195 counties of Hebei and 11 other provinces and regions. The project covers a population of 550 million which is one-half of China's population and one-tenth of the world population.

Statistics from the TB Office of the Ministry of Health show that 162 counties of 12 provinces and regions in China have already started the project by the end of

1992. Among the 25,838 diagnosed TB cases, 9,670 are new cases with sputum smear AFB (acid fast bacilli) positive; 3,409 are reactivated cases with sputum smear AFB positive; 7,313 are new active cases with sputum smear AFB negative; 111 are cases of ex-pulmonary TB; and 5,395 are other cases with sputum smear AFB positive. After the enforcement of the modern TB control strategy which provides free treatment and management, 82.33 percent and 90.23 percent of the new smear AFB positive cases turn negative after 2 and 3 months treatment, respectively. In the same periods, 71.14 percent and 72.34 percent reactivated positive cases turn negative, respectively. Even in this short period, the project has clearly demonstrated its effective treatment.



## Burma

### Thai Health Minister, Delegation Hold Talks in Rangoon

BK0409045693 Rangoon Radio Burma in Burmese  
1330 GMT 3 Sep 93

[Text] A Thai health delegation led by Public Health Minister Buntham Khaewatthana, currently visiting Myanmar [Burma] at the invitation of the Health Ministry, paid a courtesy call on Rear Admiral Than Nyunt at the health minister's office at 0830 this morning. The Thai delegation was accompanied by Thai Ambassador Wirasak Futrakun. The health ministers of the two countries exchanged gifts.

At 0930, the delegations from the two sides held a meeting on Thai-Myanmar friendship and health matters in the conference hall of the Department of Medical Research. Present at the meeting along with Health Minister Rear Adm. Than Nyunt were Deputy Health Minister Colonel Than Zin and directors general of the Health Ministry. Members of the Thai delegation and the Thai ambassador attended the meeting along with Thai Health Minister Mr. Buntham Khaewatthana. The two delegations held frank and cordial talks following opening remarks by the two ministers.

The visiting minister and his delegation visited the National Museum at 1000 and the Department of Medical Research and the Yangon [Rangoon] People's Hospital in the afternoon. The delegation also visited the Children's Hospital and met with Aye Aye Nyein and Ei Ei Nyein, two Siamese twin sisters who were surgically separated on 25 July. The visiting minister presented a cash donation to the head of the hospital, Dr. Thein Thein Myint.

The visiting minister and his delegation later visited the Myanmar Gems Enterprise. In the evening, Health Minister Rear Adm. Thein Nyunt hosted a dinner for the Thai minister and his delegation at the People's Square Restaurant.

## Japan

### Red Cross Sends Medicine, Milk to Khabarovsk

OW2809063793 Tokyo KYODO in English 0049 GMT  
28 Sep 93

[Text] Narita, Chiba Pref., Sept. 28 KYODO—A plane chartered by the Japanese Red Cross Society left Narita Airport on Tuesday [28 September] with medicine and powdered milk for hospitals and welfare facilities in the Russian Far East city of Khabarovsk.

The shipment of 5.4 tons of medicine and 5.3 tons of powdered milk is part of the society's program for the year to assist 15 Russian Far East provinces and four Central Asian republics formerly in the Soviet Union.

The Japanese Government contributed 5.95 billion yen to the program, society officials said.

The society has extended aid since 1991 to Russia and other former Soviet republics where health care and food supplies have deteriorated due to economic disruption.

Under the annual project, the society will send 1,500 tons of drugs and medical instruments to 1,253 pediatric, obstetric, gynecological and psychiatric hospitals. The medicine to be sent will be equivalent to about 75 percent of the hospitals' needs in a year, the officials said.

It is also planned to give 2,880 tons of dry milk in the year to orphanages and milk distribution centers, they said.

Nearly 50 reporters from Japanese and foreign news organizations were on board the flight to witness the distribution of the aid. The Japanese Red Cross invited the reporters to come along because there have been rumors that much of the foreign aid is sold on the black market.

The supplies are distributed through a panel made up of representatives of local administrations and the Red Cross, the officials said.

## Vietnam

### Foreign Donors Urged To Contribute to Immunization Drive

BK1310142193 Hanoi VNA in English 1414 GMT  
13 Oct 93

Vietnam has called for 16 billion more Vietnam dong (roughly 1.6 million US dollars) from international organizations, foreign countries and non-governmental organizations [NGO's] to help it carry out this year's program against poliomyelitis and tetanus for under-five children throughout the country.

The call was made at a conference held here yesterday by the Vietnam Committee for Child Care and Protection, the Ministry of Public Health, the Fund for Support of Vietnamese Children, and UNICEF. Foreign participants in the conference included more than 50 representatives from UNICEF, WHO, the Japanese International Cooperation Agency, Oxfam-the UK, the Australian International Development Assistance Bureau, the Canadian International Development Association, Vatico Company of the US and Samsung Group of South Korea, and others.

The programme is aimed to eradicate the two diseases by 1995. This year, national immunization day (NID) will be organized in two phases: phase one from Nov. 13-15 and phase two from Dec. 18-20. The total budget for this year's NID is estimated at 56 billion dong of which international organizations, foreign countries and NGO's already donate nearly 2.6 million US dollars

(roughly 26 billion dong), and the state budget allocated tens of billions dong. So the program needs some 16 billion more Vietnam dong (about 1.6 million US dollars).

In both phases, about 10 million children under five years old nationwide will benefit from the program. In

particular, 460,000 infants from nine to 23 months old in 3,000 mountain communes will be vaccinated against measles, and 1.2 million women the productive age (from 12 to 35) and 260,000 pregnant women in 57 pilot districts in all 53 cities and provinces will be immuned from tetanus.



## Albania

### Health Sector To Undergo Privatization

*AU3108185893 Tirana ATA in English 1008 GMT  
29 Aug 93*

[Text] Tirana, August 29 (ATA)—Development of the private sector has started during the recent months in the health sector and particularly in the outpatient clinics, because the services in hospital will be also in the future under the auspices of and invested by the state. Privatization in the outpatient clinic service is based on volunteerism, hence each doctor may work privately whenever he likes. Through laws, the state encourages these doctors in free profession. The private health sector will include mostly the sectors of stomatology and pharmacies.

According to recent reports, the number of private doctors, stomatologists, pharmacists and laboratories keeps increasing. The sector of outpatient clinics is now being aided by establishment of specialized clinics with the participation of foreign specialists. Requests by different foreign companies or individuals to work in the field of medicine in Albania are also in great number.

## Bosnia-Herzegovina

### Hospital Chief Quits Over Lack of Water, Electricity

*AU1008200993 Sarajevo Radio Bosnia-Herzegovina  
Network in Serbo-Croatian 1700 GMT 10 Aug 93*

[Text] "I have not resigned because of fear. I am not resigning from the struggle. On the contrary, I remain on the battlefield, but I felt alone in the struggle for the hospital and the patients", Dr. Naim Kadic, chief of staff, stated today on his resignation as director of Sarajevo hospital. "Because of the lack of water, gas, and electricity, the hospital has been reduced to the level of a regional health clinic. In the meantime, an order arrived from the Health Ministry that the hospital should continue working at full capacity. I alone cannot take on the responsibility for 2,000 patients, and the minister of health and the government—the ones who should be supporting me under these conditions—are not offering any assistance or cooperation", Dr. Kadic said.

### WHO Opposes Use of Poison Against Sarajevo Rats

*AU2809132593 Paris AFP in English 1301 GMT  
28 Sep 93*

[Excerpts] Belgrade, Sept 28 (AFP)—Relative quiet reigned on warfronts in Bosnia Tuesday, the TANJUG agency reported, except in Gornji Vakuf where Croat radio reported fighting between Moslems and Bosnian Croats for control of the town. [passage omitted]

Meanwhile sanitary conditions in the Bosnian capital, Sarajevo, continue to deteriorate turning the city into a haven for rats who feed on the tons of rubbish piled up on street corners.

Risto Tervhauta, the World Health Organization official in the city, has asked for 14 tons of rat poison to try and deal with the rodent invasion, but the organization's spokesman at UN headquarters in Geneva said that given the current situation in the city the request was "unrealistic."

The spokesman, Michel Barton, also said he thought it unwise to lay rat-traps in a besieged city where starving people might mistake the poison for food.

### Health Official States Number of Viral Hepatitis Patients

*AU0410214093 Sarajevo Radio Bosnia-Herzegovina  
Network in Serbo-Croatian 1800 GMT 4 Oct 93*

The hygienic and epidemiologic situation continues to deteriorate. Four hundred and seventy cases of viral hepatitis have been registered in the city, 350 of them in the area of Sog Bunar, 115 in the Brijesca local community, and another 50 sporadic cases, said Dr. Arif Arnautic from the Regional Healthcare Institute at today's meeting of the Sarajevo City Executive Committee. According to him, the enterocolitis epidemic is declining, but until the situation with electricity, gas, and water supply of Sarajevo citizens is not improved, a decrease in the number of sufferers from these diseases cannot be expected.

### Sarajevo Suffering From Rats, Hepatitis, Sewage in Water

*AU0110144293 Paris AFP in English 1429 GMT  
1 Oct 93*

Sarajevo has been invaded by rats and local officials are appealing for poison to fight off the rodents.

"They used to stay in the basements, but now they're everywhere and coming up the stairs," said one resident of Kosevo district in the centre of town.

World Health Organisation (WHO) representative, Jukka Pukkila, Friday said the situation was "pretty bad" and with garbage piling up on the streets, the rats were breeding fast.

Local authorities have been asking for poison and we have requested some 20 tons for Bosnia, five of that for Sarajevo alone, Pukkila said.

A WHO pest-control specialist was expected to visit soon to assess the town's requirements, he added.

Dragisa Seslija, deputy chief of the town's health department, said rats were "a major problem" and one for which the city badly needed outside help.

The sanitation department used to have a city-wide anti-rat drive twice a year before the war. But when fighting broke out 18 months ago, the town was left with only three tons of poison. Now 20 to 30 tons would be needed to treat the town at one go, he said. The whole city had to be treated at once, otherwise the rats simply moved from one area to the next and nothing was achieved, he said.

The problem had been created by the sudden influx of some 60,000 refugees into town and the siege by Serb forces which had caused the breakdown of city services. The war has made it impossible to collect and evacuate garbage and piles of refuse have built up at nearly every street corner.

The UN Protection Force (UNPROFOR) this week launched a drive to collect the rubbish and has provided fuel for trucks and armoured cars to watch over city employees as they start to sweep up the mess. Over the past couple of days, 200 to 300 cubic metres of rubbish have been evacuated daily, with UN trucks taking much of it to a dump located next to the front line, UN military officials said.

To fight the rats, municipal crews normally started up on the hills overlooking the city, threw a ring around it, chased the rats down and killed them in the town, Seslija said. But with Bosnian Serbs forces holding the hills, the suburbs and even parts of the city, it was impossible to launch such coordinated actions and fight the invaders in an organised way, he added.

Other health hazards threatening the city included a sudden increase in cases of hepatitis, Pukkila said. A few months ago, there were an average of 70 cases per month, now there were 70 new cases per week, the doctor said.

One outbreak had been caused by sewage contamination of a water well when workers accidentally broke through a sewer when they were digging to install gas pipes, he said. The well had since been closed, but water quality throughout the city was "really bad," he added.

The wells have been providing much of the city's water during the months of siege and UN troops only recently managed to restore running, but as yet untreated water to the eastern part of the city.

UNPROFOR had been distributing soap and information leaflets to areas most affected by the outbreaks of hepatitis, the doctor added.

#### **Committee Issues Bulletin on Casualties, Health Conditions**

*AU1110162693 Sarajevo Radio Bosnia-Herzegovina  
Network in Serbo-Croatian 1400 GMT 11 Oct 93*

[Text] The Republican Committee for Health and Social Security has announced that in the last 24 hours six

people were killed and 20 wounded in the regions of Maglaj, Mostar, Hadzici, Zavidovici, and Sarajevo. [passage omitted]

The most critical regions that need urgent help in food, medicines, first aid material, fuel, clothes, and footwear are Tescanj, Maglaj, Konjic, and [word indistinct] regions of Doboj and Teslic. Mostar, Jablanica, Hrasnica, Olovo, and Gorazde also need help.

The viral hepatitis epidemic is still spreading in Sarajevo and other crisis regions.

This was stated by the Republican Committee for Health and Social Security of the citizens of Bosnia-Herzegovina.

#### **Travnik Faces 'Starvation, Epidemics,' Appeals for UN Help**

*AU2209192793 Sarajevo Radio Bosnia-Herzegovina  
Network in Serbo-Croatian 1700 GMT 22 Sep 93*

[Travnik War Presidency Information Center report]

The Travnik War Presidency warns the Presidency and the Government of the Republic of Bosnia-Herzegovina, the UN High Commissioner for Refugees [UNHCR], and other humanitarian organizations of the serious situation in the Travnik commune, which is being threatened by starvation and epidemics.

These appeals have been repeated several times, but, unfortunately, without any effect, as no adequate humanitarian aid has reached Travnik in over five months. Moreover, as the roads are blocked, there are no goods available for commercial sale. In these hard times, the Travnik commune is home to 100,000 people, 25,000 of whom are refugees. All attempts at normalizing life through self-organization will yield no results, because apart from food and medicine, Travnik also lacks the basic energy requirements.

The precarious situation in Travnik is intensifying with the approaching winter. That is why the Travnik War Presidency requests an urgent response in the form of concrete help, particularly from UNHCR headquarters in Zenica, which is in charge of the Travnik commune.

#### **Doctors Say 10,000 At Risk of Serious Illness This Winter**

Some 10,000 residents of this city could contract serious illnesses this winter because the 18 month war has severely impaired their immunization systems, health authorities said Sunday.

"If the winter is severe, these people risk contracting fatal illnesses because of exhaustion," Doctor Arif Smajkic, director of Bosnia's public health department, said.

Already cases of hepatitis are reaching epidemic proportions among Sarajevo's 300,000 residents, Smajkic said. Tuberculosis cases are also on the increase. [passage omitted]

Sarajevo was going into the winter "50 percent better prepared" than it was for last winter, when up to 35 [as received] people died from hunger, cold and sickness, the doctor told AFP.

He said this was due to regular deliveries of food and medicine. [passage omitted] But, Smajkic warned, Sarajevo residents had less fuel than last winter.

### Bulgaria

#### Health Minister Proposes Reform Measures

AU0309204893 Sofia BTA in English 1503 GMT 9 Sep 93

[Text] The collegium of the Ministry of Health Care adopted a program for overcoming the crisis in health care today, Health Care Minister Tancho Gugalov told journalists. The program envisages a speeding up of the passing of the laws in health care, an updating of the health care part of the national budget, the establishment of a special health care fund and other measures. After it is discussed by the social partners (the government, the trade unions and the employees), the program will be moved to the Council of Ministers. A total of 23 statutory acts and six decrees regulating health care in this country have been passed since the beginning of this year, Mr. Gugalov said.

The reform in emergency medical aid will be launched in October. To this end the Ministry of Health Care intends to reequip and renew the emergency medical aid facilities and to train medics in three specialized centres in the cities of Varna, Sofia and Plovdiv.

The expenditures on free medical aid have gone down by 1/3 from March, 1993, according to data of the report of the commission of the Ministry of Health Care. The main reason for this is heightened control over the release of free medicines and the restriction of the contingent of patients entitled to free medicines.

Minister Gugalov said that the Ministry of Health Care will propose to the government to impose ceiling prices on some medicines. The project will be moved by the end of September. Minister Gugalov added that it is yet to be decided whether the ceiling prices will affect only those medicines released free of charge and in supplying hospitals or will refer to all sales in pharmacies.

### Croatia

#### Health Ministry Criticizes UNPROFOR

LD2409191693 Zagreb Radio Croatia Network in Serbo-Croatian 1700 GMT 24 Sep 93

A meeting was held at the Health Ministry in Zagreb today between representatives of UNPROFOR's medical service and the Croatian Health Ministry. The Croatian side expressed its dissatisfaction with UNPROFOR's failure to submit more updated and more complete data on contagious diseases among its members—a responsibility it assumed during previous meetings.

The representatives of the Croatian ministry again protested UNPROFOR's ineffectiveness in restoring water supplies to the Zadar area. They repeated that more than 150,000 people are at great risk because of the possibility of an outbreak of epidemics. A protest was also expressed about UNPROFOR's ineffectiveness in ensuring respect for international conventions pertaining to narcotics, which was particularly insisted on during previous meetings.

The UNPROFOR representatives distanced themselves from any responsibility for the identification of victims in the mass grave at Ovchara and passed it on to the UN Commission for Human Rights.

It was concluded that UNPROFOR failed to allow the relevant Croatian institutions to carry out epidemiological research on whom the AIDS victims among UNPROFOR's members have been in contact with.

The Croatian side demanded that UNPROFOR's medical service should submit an explanation in writing regarding all the issues discussed, and to define its area of responsibility.

### Hungary

#### Scientists Invent Cancer Detector

AU2508133893 Budapest MTI in English 0706 GMT 25 Aug 93

[Text] Three Hungarian experts have invented a cancer detector, a device for the early diagnosis of malignant tumors.

The method, developed by Emil Hochenburger, an otorhinolaryngologist of Győr, is based on the recognition that the pathological proliferation of cells brings upon an increase in sodium concentration. The cancer detector, controlled by a computer, measures the electrolyte content of tissues. Should there be a malignant tumor in the organism, due to the higher than usual sodium concentration, the device measures a higher current rate.

The probe belonging to the device has been developed by Zoltan Leszlauer, an electrochemist, and his younger brother, Erno.

Patented worldwide, the device describes the current rate with both figures and a curve, which can be photographed, printed and electronically stored.

After carrying out an appropriate number of tests as specified by the WHO standard, Hochenburger concluded that the device detected with a great deal of certainty whether a cell was cancerous.

The test lasts for merely 20 seconds, while the conclusions of the traditional histological examination become available only in eight to ten days.

It is another advantage that the operating surgeon can easily and quickly determine the exact size of the tumor.

Nevertheless, the cancer detector cannot replace the histological examination, Hochenburger told MTI.

The device will be demonstrated in an international conference in Budapest this week.

## Poland

### Border Crossings Tightened Due to Diseases

LD2408185793 Warsaw Radio Warszawa Network  
in Polish 1700 GMT 24 Aug 93

[Text] In the Przemysl province, special emergency measures have been taken in connection with the increasing diphtheria epidemic beyond the eastern border, as well as cases of cholera and typhoid.

At the Medyka border crossing a special medical point has been set up where travellers are examined by a doctor. If sickness is diagnosed they are sent to contagious diseases wards in Przemysl or Jaroslaw hospitals. If a patient does not want to be treated, the Sanepid [Sanitary and Epidemiology Center] in keeping with Polish regulations, issues an administrative decision for forced hospitalization.

### Polish Hospitals Ready To Admit Sarajevo Children

AU1308102593 Warsaw PAP in English 1435 GMT  
12 Aug 93

[Text] The Children's Health Centre at Miedzylesie near Warsaw and the Warsaw Provincial Children's Hospital were first to respond to an appeal by Marek Edelman, the survivor of the 1943 Warsaw Ghetto uprising and member of the recent Polish aid mission to the embattled regions of former Yugoslavia, to admit and treat thirty Sarajevo children free of charge, Anna Wilk from the equilibre foundation said today.

She added that offers of places at hospitals throughout Poland were coming and their number exceeded thirty. The Warsaw provincial children's traumatic surgery hospital offered ten places, the children's surgery ward at the Biskupiec Hospital four places, the Gabriel Narutowicz specialized hospital in Krakow two places and the

children's ward of the Warsaw Interior Ministry Hospital will admit several children.

## Romania

### Cabinet Examines Measures Against Drought, Other Issues

AU1009191193 Bucharest ROMPRES in English  
1544 GMT 10 Sep 93

[Text] On the basis of data supplied by the minister of agriculture, the executive examined in its September 10 sitting the situation of the drought in the counties of Dolj, Mehedinti, Olt, and Teleorman, lying in southwest Romania.

It was mentioned that programs were being carried out in the said zone in order to clarify the causes of the long-lasting drought, which could put in danger the whole south of Romania. Urgent measures were ordered for the period to come.

Minister of State and Minister of Finance, Florin Georgescu, informed the cabinet on the stage of the negotiations and the ratification of the agreements on the mutual promotion and protection of investments and of the conventions on avoiding double taxation Romania has agreed on with a number of states.

The cabinet also discussed a bill on the legal status of oil and of oil-related operations. The bill intends to ensure equal treatment of all economic agents [companies] performing works in this field, irrespective of the nature of the capital [state-owned or private], to stimulate the activity for the discovery of new reservoirs and to encourage the inflow of foreign capital.

At the initiative of the Health Ministry, the government adopted a bill on punishments for not observing public hygiene and health legal norms.

The government also discussed measures regarding the fuel oil reserves for the electric power producing system in the winter period.

Another issue on the agenda was that of the preparations for the celebration of Romania's national day on December 1.

## Yugoslavia

### Report Indicates 'Very Grave Health Situation'

AU1310195293 Pristina KOSOVA DAILY REPORT Nr.  
204 in English 11 Oct 93

[Unattributed report: "Over 100 Cases of Jaundice Detected In Rahovec"]

KIC [expansion unknown] has already reported on the very grave health situation of Kosova population, which is a result of lack of good medical treatment, vaccination,



and proper nutrition. Diseases which seemed to have disappeared are becoming recurrent these days.

The doctors at the Medical Center in Rahovec have over the last couple of days detected over 100 cases of persons suffering from jaundice, today's BUJKU reports. Yet it is early to say whether this is an epidemic or not, say the doctors, but at least five novel cases of persons suffering from this contagious disease are discovered daily. The doctors of this medical center fear that the figures may be higher as a lot of persons suffering from jaundice have not sought medical treatment yet.

### **Sanitary Inspector Reports 2,000 Dysentery Cases in Lucani**

*AU2909210793 Belgrade Radio Beograd Network in Serbo-Croatian 1400 GMT 29 Sep 93*

[Miroslava Mirovic-Plazeric report from Lucani]

[Excerpts] The following warning was issued by Republican Sanitary Inspector Nedeljko Gajevic to the citizens of Lucani and the Guca Region today

[Begin Gajevic recording] It is known to the citizens of Lucani and the Guca Region that the water in the Lucani water mains has been polluted and that we have an epidemic of dysentery with about 2,000 cases. We established today that we also have a new situation with the water mains as the water pollution has increased. [passage omitted] [end recording]

So far, 465 cases of dysentery have been officially registered in Lucani and, as the inspector said, the real number of cases is at least 4 to 5 times as high. [passage omitted]

### **Virus Attacks Fish in Mavrovica, Humans Not Affected**

*93BA1291B Skopje VECER in Macedonian 13 Jul 93 p 11*

[Article by S. Stojanov: "Threat to the Fish But Not to Humans!"]

[Text] *All claims that the drinking water has been polluted have been denied*

*The virus causing the mass killing of carp is known as erythrodermatitis.*

Sveti Nikole, July

It is absolutely guaranteed that by the end of the year the Mavrovica water reservoir, which supplies the people of Sveti Nikole and industry with the necessary amounts of water, will meet all needs with its present water potential of 1.5 cubic meters. The increased daily planned consumption is due to the fact that for quite some time there has been a drought in the Sveti Nikole area, and high daily temperatures.

The condition of the water is of particular interest. It is becoming increasingly relevant because of the carp are dying in mass numbers. The Republic Health Protection Institute has made all the necessary analysis and has determined that the fish are being killed by a virus known as the spring viremija or erythrodermatitis. The virus does not affect humans. This virus is expected to destroy the carp entirely. Therefore, the citizens of Sveti Nikole can confidently use the water for drinking and other needs, for all the studies have confirmed that the water is good, clean, and unpolluted.

This means that all the statements, assumptions, and doubts concerning the pollution of the water and that an epidemic will break out in Sveti Nikole, have no foundation. It has been decided, however, to build a fence around the protected zone of Mavrovica VRO [expansion unknown], which manages the water and the fish stock, with a single entrance and exit, permanently monitored, with a view to ensuring the safety of the dike and the water it contains.

## Argentina

### Cuban Anti-Meningitis Vaccine 'Not Recommended'

PY3009000193 Buenos Aires LA PRENSA in Spanish  
28 Sep 93 section 1 p 14

Health and Social Action Minister Alberto Mazza has said that international organizations, his ministry's technicians, and specialized Argentine institutions have stated that a massive vaccination using Cuban anti-meningitis vaccine "is not recommended." He also stressed that the matter "must be studied," although he added that "if the vaccine is shown to be reliable, then the strain must be studied."

The minister said: "If Argentine strains are susceptible then this is a vaccine that controls the type B meningococcus, and because there are very few cases this vaccine cannot under any circumstances be used, which is the decision already made by the Chilean Government."

## Cayman Islands

### Disease-Bearing Mosquito Infestation Occasions Spraying

FL1310165793 Bridgetown CANA in English  
1537 GMT 13 Oct 93

The Cayman Islands Department of the Environment has confirmed discovery of a major influx of the *Aedes aegypti* mosquito that causes yellow fever, dengue fever and haemorrhagic fever.

DOE Assistant Director Dr. Astley McLaughlin said the presence of the mosquito in the Cayman Islands represents "the most serious infestation since the Mosquito Research Unit was formed in 1965".

In recent few years, small groups of the mosquito have been discovered on occasions, but this is the first major infestation.

Since mosquito research began here 28 years ago, Dr. McLaughlin said there have been no reports of anyone contracting any of the diseases borne by the mosquito.

[Passage indistinct] Dr. McLaughlin said the diseases could be effectively treated by medicine.

The doctor said the *Aedes aegypti* mosquito was endemic to Jamaica and Central America and speculated the insect might have come to the Cayman Islands by boat.

The Department of the Environment has begun aerial and ground spraying of infected areas, in addition to removing potential breeding grounds of the mosquito.

## Chile

### No Importation of Cuban Meningitis Vaccine Planned

PY0209163793 Santiago Radio Cooperativa Network  
in Spanish 1100 GMT 2 Sep 93

The Health Ministry has decided not to use, for the time being, the Cuban vaccine against B-type meningococcal meningitis, Health Minister Julio Montt announced yesterday. In his declaration, he referred to the permanent meningitis control program and the measures adopted by his ministry to control the meningitis outbreak, including the training of professionals and the improvement of medical attention for the public. He also talked about the two delegations that traveled abroad to analyze the efficiency of vaccines available in the rest of the world to combat this kind of meningitis, as well as all the international medical information available on the subject. After receiving reports from these two delegations, the health minister announced his decision:

[Begin recording] The health authorities have decided: A) Not to implement a massive vaccination campaign given the characteristics of the current epidemiological situation, which is not really explosive and is expected to decrease in the next few months.

B) The experience obtained abroad by our delegations assures us that the strategies we have implemented so far to control this illness are appropriate. [end recording]

He added that his ministry will continue evaluating the situation and he has not ruled out reconsidering the current measure. This means the national meningitis control committee will continue operating. The minister said more information about this vaccine was requested from Cuba.

When asked whether any private citizen could import the Cuban vaccine, Minister Montt said this is not possible because it is not registered in the Chilean Public Health Ministry.

In turn, Health Under Secretary Patricio Silva said the public must remain calm and rest assured that all appropriate measures to prevent the disease's spread have been adopted and more measures may be adopted in the future.

He also said the majority of the recent meningitis cases were reported to medical doctors when the first symptoms appeared and before the first 24 hours of the disease's initial stage, which guarantees appropriate treatment to prevent death.

In all, five suspected cases of meningitis were reported in the past five hours, which means that so far this year 561 patients have been registered, 70 percent under the age of five.

**Experts To Travel to Cuba To Investigate Vaccine***PY1308010393 Santiago Radio Cooperativa Network  
in Spanish 2300 GMT 12 Aug 93*

[Passages within quotations marks are recorded]

[Text] Speaking in La Moneda, Health Minister Julio Montt admitted that the number of meningitis cases has grown 45 percent. Three experts will travel to Cuba to study the vaccine produced by that country. The minister said this is one of the most serious outbreaks in the past 20 years or more. He emphasized that all feasible measures have been adopted, the foremost of which are promoting timely consultation and diagnosis and properly informing people.

"... But without alarm, because there will be no epidemics here, that is, there will not be thousands of cases. No."

He added that Isapre [Institute of Public Health and Preventive Medicine] has the obligation to admit and pay for the treatment of meningitis patients.

"Summing up, I can tell you that Isapre—under the terms of the contracts signed with their consumers—must treat meningitis patients, and they are doing it."

The minister also referred to the vaccine's issue.

[Begin recording] [unidentified reporter] What about the sort of deal being made with the sale of vaccines that are said to be for meningitis?

[Montt] Look, your question is so good, your question is so good! Please, I want to make it clear—to avoid confusion—that the vaccine that is authorized for sale is against the meningitis produced by another bacterium, the (hemophyllus influenza). This is the vaccine. It is a vaccine that is being sold, but there is no reason for massive vaccination against the (hemophyllus influenza) because there are not too many cases. [end recording]

He reiterated that this vaccine, which is very expensive, has nothing to do with the B-type meningitis that is now causing concern.

"We will explore the possibilities of the vaccine produced by Cuba, which has been used in Brazil with unclear results. We, or at least this minister, wants to have the information from his own experts on the subject. That is why three experts will travel to Cuba very soon. Now, if we can use those vaccines we will use them, but it obviously will be impossible to use them for this outbreak. We are exploring the possibilities."

The minister admitted that meningitis' incidence has increased by 45 percent compared with 1992, and that new cases are possible.

"Let us please avoid being alarmed. I personally experienced an epidemic in 1941-42 that mainly affected adults and adolescents. Now we have a treatment for

meningitis with reasonable expectations for a cure without any consequences with proper treatment."

The minister added that these are the latest figures. He again called on people to remain calm, adding that, as experts have put it, suspending school classes will not prevent contracting the disease.

**Cuba****Cuban PPG To Be Sold on Venezuelan Market***FL0910021793 Havana Radio Rebelde Network  
in Spanish at 2300gmt 8 Oct*

[Editorial Report]An interview, live or recorded, by journalist Lucy Gispert with Dr. (Carlos Mijares), a Venezuelan physician who is also on the board of directors of the Cuban- Venezuelan Institute of Friendship with Peoples. Gispert announces that (Mijares) "will talk to us about this latest, and for us tremendously important, news on the vaccine... [corrects herself] excuse me, I mean, on a Cuban medication that has just been approved by the Venezuelan scientific community, for sale in that country."

Dr. (Mijares) says: "The use of PPG [expansion unknown], or (Arteromixol), was recently approved in Venezuela. (Arteromixol) is the name the Cuban PPG will bear, commercially, in Venezuela. A meeting was held at the Caracas Hilton Hotel, in the presence of all the authorities, both Cuban and Venezuelan—the Cuban scientific community, the Venezuelan scientific community, representatives of various pharmaceutical companies, and Venezuelan physicians. At that meeting, and during the ceremony, PPG, or (Arteromixol), was introduced and officially validated and given its registration number by the Ministry of Health and Social Welfare for its use in Venezuela."

(Mijares) praises the product, noting that Venezuelan research results matched Cuban research results.

The reporter notes that PPG is also said to trigger sexual vitality, improve memory, lower the negative type of cholesterol, and cleanse, so to speak, veins and arteries, thus helping to prevent heart attacks.

(Mijares) says: "Yes, (Arteromixol), also known as (Polycosanol) or PPG, is a natural medication... a byproduct of sugarcane—it is a matter of mixed alcohols of high molecular weights that interact on the organism in a way that is conducive to lowering the undesirable kind of cholesterol."

Asked who in Venezuela is interested in PPG, Dr. (Mijares) explains that "a pharmaceutical company called Promed has been founded in Venezuela. Promed stands for Medicinal Products. Promed is the company that will take charge of marketing (Arteromixol) in Venezuela."

He adds: "It is important for the Venezuelan public—Venezuela's people, physicians, and researchers—when they look into (Arteromixol), or (Polycosanol), to address themselves to Promed and use the product that has the registration number assigned to (Arteromixol) by the Venezuelan Ministry of Health." Dr. Mijares points out, in this connection and in light of the counterfeiting of medicines that occurs in the world, that "it has been said that certain people are interested in falsifying medicines. Thus, it is important that the PPG, or (Arteromixol), or (Polycosanol), be purchased from Venezuela's official pharmacy. The product is currently to be found at Venezuela's official pharmacy, with its registration number assigned by our government, by our Public Health Ministry. That is how it should be obtained, and that is how it should be used."

Dr. Mijares says he hopes Venezuelan physicians and scientists will try this product, study it, conduct field studies with it, and continue discovering, as well as demonstrating, what a good product it is.

#### **Castro Praises Efforts Against Optical Neuritis Epidemic**

*FL2909021193 Havana Radio Rebelde Network in Spanish 1700 GMT 28 Sep 93*

[Passages within quotation marks recorded]

[Text] Commander in Chief Fidel Castro has described the efforts against the neuritis epidemic that affected Cuba as a most important scientific battle waged in record time. Fidel spoke with participants in the First Scientific Hubs Meeting held in the Convention Center in Havana.

"A tremendous effort was made: 11 million pills a day were distributed. Well, we distributed enough for a consumption of 11 million pills a day. The pill plant worked 24 hours. Fortunately, we had that plant. We brought the raw materials by plane to produce those pills. The fact is that the measures taken, preventative as well as therapeutic measures, thwarted the epidemic. It made it possible to eliminate the epidemic."

Fidel also spoke of the measures implemented and the participation of diverse professionals.

"The epidemic was a very hard test for Cuban science, the hardest it has ever confronted. I can assure you of this. Yet, it came out victorious. The fact that we cannot yet say the final word on the causes does not mean that a great effort has not been made. I do not believe that an effort such as this has ever been made before—ever, anywhere." [passage omitted]

#### **Havana Cites WHO Official's Figures on Optical Neuritis Toll**

*FL3009123293 Havana Radio Progreso Network in Spanish 1100 GMT 30 Sep 93*

[Text] Dr. Bjorn Thylefors, director of the World Health Organization [WHO] program on visual diseases, has

stated in Geneva that now that the neuropathy epidemic has been brought virtually under control in Cuba, an international effort to supply economic aid to Cuba must be undertaken.

He stated that his program will now focus its cooperation efforts on specific consequences of the epidemic, especially taking into account that there are at least 1,700 Cubans who have markedly lost their vision because of the neuritis.

The WHO official emphasized the Cuban officials' effort in fighting the epidemic, which has affected 50,670 people since it first appeared in 1992. He added that treating the disease entails a considerable financial burden on the Cuban economy, which is already going through a difficult period.

#### **Mexico Markets Cuban Vaccines, Announces Investments**

*FL3009145193 Havana Radio Rebelde Network in Spanish 2300 GMT 29 Sep 93*

[Text] The first fruits of the first Exposition on Cuban services and products, which was inaugurated last night [28 September] in Monte Rey, capital of Nuevo Leon State, is the agreement reached between the Finlay Institute in Havana and the (Benavides) Group of Mexico, which has a network of more than 500 pharmacies and laboratories in the northern area of the Mexican Republic. After initial rigorous procedures, they will market the Cuban meningitis vaccine and the gamma globulin produced in Cuba, as well as other products and vaccines mentioned in the global immunization project of the World Health Organization.

During the inauguration of this important exposition, which includes the participation of 32 Cuban firms, Mexican businessman Mauricio Fernandez announced joint investments in the textile industry, which will begin in the next operating period of the Celia Sanchez Manduley Textile Enterprise of Santiago de Cuba Province.

The governor of Nuevo Leon State further spoke about the strong possibility of negotiations between that state and Cuba. Cuban Ambassador to Mexico, Jose Fernandez de Cossio, pointed out the development and strength of Cuban-Mexican relations, which are based on very clear principles and on mutual respect and convenience.

#### **Station Cites Measures To Confine Conjunctivitis Outbreak**

*FL0410131593 Radio Rebelde Network in Spanish at 1138gmt 4 Oct*

[Editorial Report] Radio Rebelde Network on 4 October features a chat by "Doing Radio" hosts on the outbreak of the hemorrhagic conjunctivitis that has been affecting Cuba since the summer of 1981. The hosts report that in



September new outbreaks occurred in the provinces of Havana City, Havana Province, Pinar del Rio, Guantánamo, and Isle of Youth.

They add that isolated cases among the population have resulted in the closing of some schools. The hosts then provide several measures to lower the possibility that the number of cases might increase and spread to other provinces.

They warn against eye-hand contact, particularly if in contact with infected individuals, and advise consulting a doctor at the onset of the first symptoms.

They add that infected individuals will be quarantined in a hospital or at home in order to reduce the spread of the disease and provide medical care. The program hosts say that efforts are being made to locate infected individuals at work centers, child care facilities, schools, camps, and other collective centers.

Finally, the host stresses the importance of following the doctors' instructions and treatment.

#### **Vietnam Signs Medical, Sugar-Plant Contracts**

*FL2009203293 Havana Radio Rebelde Network  
in Spanish 1700 GMT 20 Sep 93*

Economic delegations from Cuba and Vietnam have signed a (memorial) at the conclusion of a 13-day work meeting in Hanoi. The document states that Vietnam will purchase medical equipment of high technology from Cuba and will soon negotiate the purchase of 50,000 doses of the Cuban vaccine against hepatitis B. Authorities from the two countries agreed on joint construction of a sugar factory, which is scheduled to begin in January, while they negotiate the contracting [contratación] of two more installations of that kind.

#### **Joint Interferon Venture With PRC Announced**

*FL2109193093 Havana Radio Rebelde Network  
in Spanish 1700 GMT 21 Sep 93*

It is reported from Beijing that enterprises from Cuba and China that have to do with high technology in the medical sphere are next week going to establish, in Beijing, a new joint venture that will dedicate itself to marketing and producing interferon. The emergence of this venture follows the establishment of the first Chinese-Cuban joint venture in Beijing, one dedicated to high-tech medical equipment, a little over a year ago.

#### **Arrival of U.S. Neuropathy Researchers Noted**

*FL0309012093 Havana Radio Rebelde Network  
in Spanish 2300 GMT 2 Sep 93*

[Excerpts] A group of physicians from the U.S. center for the monitoring and prevention of diseases has arrived in our country on a WHO and Pan American Health Organization [PAHO] mission with the goal of continuing research into the epidemic neuropathy. [passage

omitted] [PAHO coordinator Dr. Guillermo] Llanos said that this delegation of distinguished researchers shows how U.S. scientists are opening up to Cuba. They were met at the airport by public health minister, Dr. Julio Teja, who welcomed them. [passage omitted]

#### **Tourist Centers Radiation Testing Shows Acceptable Levels**

*FL1308222393 Havana Radio Rebelde Network  
in Spanish 0900 GMT 13 Aug 93*

[Text] The national network for environmental radiological surveillance has monitoring posts in the territories of Ciego de Avila, Las Tunas, and Camaguey. Camaguey also a laboratory for this type of research at the headquarters of the territorial delegation of the executive secretariat of nuclear affairs.

As part of their efforts over the past few months, and with the cooperation of specialists from other provinces and from the national center for radiation protection and hygiene, they tested the environmental radioactivity at tourist centers. The work carried out in the three provinces is the first such monitoring of tourist regions in Cuba. The test covered areas from along the coast and beaches of Cayo Guillermo in northern Ciego de Avila to northern areas of Las Tunas and included research and measurement of radioactivity levels in water, sand, atmosphere, and construction materials, among others.

Preliminary results were viewed as positive. They report low levels of environmental radioactivity, which are even under the internationally established levels for human beings.

#### **Castro Speech at School Inauguration**

*FL2807021493 Havana Radio Rebelde Network  
in Spanish 0011 GMT 28 Jul 93*

[Speech by Cuban President Fidel Castro at the inauguration of the Antonio Fernandez Leon Special School for the Blind in Santiago de Cuba on 27 July—recorded]

[Text] **Castro:** Dear comrades: We have to be brief at all cost because the sun is shining hard today and the cement here where we are seated feels like an oven. [laughter] As I sat there in those chairs, which I think are hotter than those others, I thought I had an ant hill beneath me. [laughter]

The truth is that I was going to tell you what I thought about as I listened to the builder, the teacher, and the child speak.

Throughout the years of the Revolution, we have inaugurated many facilities like this one—tens, hundreds; I would say thousands. There were periods when we built over 100 schools in the field in one year. We tried to build everything we thought of and we almost always did so. We had problems with projects that got delayed and certain vices that appeared in the construction sector. There were other problems which we were overcoming.

When the process of rectification began, one of the areas where a lot of hard work was done to overcome deficiencies was precisely the construction sector. We had made much, much progress. We created the contingents—a great force once they reach their full strength. There were tens of thousands of construction workers building in every corner of Cuba. We had a great boom.

I mentioned that I inaugurated many projects. Every time we inaugurated a project it made me glad, happy, and optimistic. But one of the ones I have found most moving, and perhaps the one that has moved me the most in all these years, is this school. [applause]

**Unidentified speaker:** Fidel, Fidel: It seemed impossible but it is a reality.

**Castro:** Do you want to come over here and deliver my speech or can I speak.

**Unidentified speaker:** You speak.

**Castro:** That is exactly what I was going to say. [laughter] We built childcare centers, polyclinics. In Havana alone, when the process began, over 100 childcare centers were built in two years. All that made us happy, I repeat. It remind us of times when we perhaps were not even aware of how much we had but these hard times of today came along. We have had to practically halt all construction of schools, social projects due to the shortage of fuel, cement, and materials. Of course, materials such as cement, gravel take fuel to be produced. We did not lack the machinery, the manpower, the projects, or the demand but the dramatic situation we have experienced in the last few years forced us to halt so many, many things to focus the few resources we have on priority efforts because they produce export goods, or things we needed urgently and that solve priority problems. This was very painful. This or that hospital had to be completed, a factory, new factories, or certain hotels but no projects of this type.

Two schools were planned here. The pain was the greater here because a twin construction project was planned—the school for children with hearing problems—deaf, mute children in different degrees—and this school for children with visual problems or blindness. Side by side. The lot had been selected. The earth was prepared. A portion of the construction had been started. When one came here and saw the beautiful school in operation next door and this one which had been nothing more than a truncated dream, a few walls and columns; the pain was too great to bear.

Lazo and I spoke about this and asked ourselves: Could we complete this school despite the special period? We said this around the time of the electoral campaign. Lazo, with his usual enthusiasm and his trust in the workers said: Yes. He said: We do not have to calculate what materials are needed. A certain expense has to be made. Engineering materials that were imported from

the Socialist Bloc today have to be bought with hard currency, so is the school equipment, cement, materials, and wood.

They told me: We are going to complete this school by 26 July—knowing all the problems we have: One day we lack fuel, next day the gravel, next day the sand, next day the electricity, next day the cement, next day materials that did not arrive. It was hard to imagine that it was possible to built this in a few months, in five months. It was less than five months because they started checking the situation on 20 [February]. To complete this school was very difficult, almost impossible in such a short span.

Comrades, it was truly very difficult; very difficult, almost impossible, to finish this school in so short a time. I am really amazed. I cannot get over it! To see that you, at a time like this and with such great difficulties, have been able to finish the school by 26 July. This shows the potential strength that exists among our people, and how that which one really wants to do can indeed, even under very difficult conditions, be accomplished, through collaboration by everyone, through everyone's support. Everyone, including the people on the People's Council.

I think that to have finished this school constitutes a feat, and we cannot help but feel proud. And I think that many of the people who will visit Santiago de Cuba in the future will have to come here to these two schools. Because both are also excellent educational institutions! I know a good bit about the other one, for I have visited them more than once. I have seen the equipment, the techniques used to teach the children there.

Here, we do not have the students yet, but all the facilities are already ready. They are very modern, very comfortable. And the equipment is here too.

We were able to see proof of what these schools do upon hearing this little boy read, with a correctness and precision better than that of many of us, with or without glasses—not even with 20-20 vision! This child, with his fingers and his marvelous sense of touch, was able to read the speech he was to make here without a single fault, impeccably.

The things Man can accomplish, through will, is amazing; and the way he can face up to limitations!

Before coming here, I went to the library. I tried to run my fingers over the books that are written in braille. Braille is what the system is called, right? I was trying to see if I could understand a letter, a period, anything. It seemed to me so difficult, that one has to marvel at the fact that a child can learn all that.

Later, we looked at the machinery where they learn to type. Imagine how perfect they must be, because a person who can see can correct his errors, but imagine how perfect a child has to be to write both normally and in braille. I was told there are six points, and from those

all combinations for reading are made. At least, that is the case in our language. I do not know how the braille system works in other countries and other languages. Is the system the same? [Unidentified person: "It is universal."] Is it universal? How about in China, for example, is it used with Chinese letters or with just six points? [Unidentified person: "It is learned the same way."] So it is a universal language. It is learned according to the language. I look at the Chinese language, which has so many characters, and I wonder how the system can be applied in that language, and how it could be understood.

This shows that everything is possible. All of those things, the school, the times, the moment in which they are done, the emotion that they evoke in us, the merit of you builders are motives for pride. I believe there is no better tribute to the 40th anniversary than these projects that we have seen.

First, there is the retinitis pigmentosa center. What an institution! What a great number of people condemned to blindness, whose sight can now be saved, thanks to the efforts of our scientists, primarily Dr. Orfilio Pelaez [applause], who has been an indefatigable worker. He has organized this service throughout the country. He has trained the personnel. This is the only country in the world that has this service, the only country with the technology to treat retinitis.

We have reached a decision. It is true that many people come here to be treated, but there are millions of people the world over who need this technique. Dr. Orfilio Pelaez and I have been talking about this for some time and we have reached the decision to make this technology available to the entire world, so that millions of people may benefit. I have had the opportunity in some international meetings organized by Dr. Pelaez to meet with presidents and representatives of associations of families that are afflicted with this disease. As it is hereditary, there are cases in which six out of seven members of a family are afflicted with it. I said: It would be impossible for us to keep this knowledge to ourselves, to have a monopoly on it. It is an ethical, moral duty to disseminate it.

In any case, many people will continue to come here, because we will continue to be the most expert, the most advanced in this area. However, it will now be possible for thousands of doctors and ophthalmologists to learn this technique.

I asked myself what prize humanity will give to Dr. Orfilio Pelaez. I think that if there is a prize that truly recognizes man's greatest merits, Orfilio Pelaez deserves such a prize. [applause] However, neither he nor Cuba aspire to prizes. It was a question that I asked myself, because the benefit that this technique gives to mankind, the tranquillity that it provides to millions of people is incalculable. This technique was totally developed in our country.

These schools are very humane, the most humane. I believe this is not the only school inaugurated today. Lazo told me that in another neighborhood, another special school for behavioral disorders has been inaugurated, all of this in a special period. That is of great merit.

If we are talking about schools, one very important thing remains to be mentioned: the personnel who work in these schools. I admire the dedication, the love with which teachers and workers teach and handle these children. We have to come to these schools and observe how they work. Where there is a humane quality, where there is nobility, generosity, conviction, and love for others, these things are possible; men and women like these are possible. These examples would have been enough in themselves for us all to feel satisfied with the work of the Revolution. Let none of us doubt that, for an accomplishment as humane, generous, and noble as this one, it is well worth giving one's life for.

#### **EC Provides Funds for Optic Neuritis Victims, Research**

*FL2307182293 Havana Radio Rebelde Network in Spanish 1700 GMT 23 Jul 93*

[Text] An EC spokesman has announced that this international body today granted Cuba 5.5 million ECU's, which is approximately \$6.2 million, to combat the epidemic neuropathy. Out of the total credit, 3.5 million ECU's are earmarked for the purchase, transport, and distribution of a family basket containing rice, lentils, pastas, cooking oil, canned fish and meats, and powdered milk and soups for the families of epidemic victims. Medical aid of 1.8 million ECU's will be used to produce a complex-vitamin pill and certain medicines locally, as well as to purchase equipment. Last, 200,000 ECU's will be used to train scientific experts through a Pan-American Health Organization program.

### **Honduras**

#### **Medical College Rejects Ministry Decree; Calls Rally**

*PA0810141393 Tegucigalpa Voz de Honduras Network in Spanish 1145 GMT 7 Oct 93*

[From "The Morning Paper" newscast]

[Communique No. 7 issued by the Honduran Medical College's Central Action Committee in Tegucigalpa on 7 October; read by Dr. Elsa Palau—recorded]

The Honduran Medical College's Board of Directors and Central Action Committee hereby address the Honduran people and the Medical Union to say:

1. We deeply deplore the hasty, provocative, and threatening effect of the Health Ministry's emergency decree because, far from seeking an equitable and final solution

of the budget problem, it attempts to aggravate the situation and create greater unrest and instability in the country.

2. In view of the government's threats and provocations, the Medical Union will remain united, motivated, and organized around its Board of Directors and Central Action Committee, reiterating that the Union will continue its campaign to have the Health Ministry's general budget substantially increased and the medical employees' statute law honored without restriction.

3. We assure the Honduran people that emergencies will continue to be attended to in the country's hospitals and health centers in the public, decentralized, and private sectors.

4. We invite President Rafael Leonardo Callejas to stay calm and remain open to talks as usual. We offer our constructive contribution so that together we can arrive at fair and balanced solutions for all sectors, which intermediaries, the ministers of health and finance, were unable to do.

5. We hold the Honduran Government responsible for any situation that might pose a physical danger for any of our members throughout the country.

6. We call on all doctors in Tegucigalpa and its outskirts to a big rally in the Hospital School's auditorium at 1100 today. If we triumphed once before in winning the approval of the medical statute, we will triumph now with its fulfillment.

#### **Government Declares Medical Strike Illegal**

*PA0710174893 Tegucigalpa Voz de Honduras Network in Spanish 1145 GMT 7 Oct 93*

["Presidential Decree" issued in Tegucigalpa on 6 October; read by Presidential Press Secretary Olman Serrano on "The Morning Paper" newscast—recorded]

[Text] From the president of the Republic, who is in a meeting with the Council of Ministers:

Whereas: It is the state's responsibility to guarantee health protection to the country's citizens and the duty of all Hondurans to preserve and boost personal and community health;

Whereas: Broad areas of the country are in a state of emergency due to the serious damage caused by tropical storm Gert, which has left thousands of people without shelter. People have lost their homes and belongings, which has exposed them to infectious diseases such as cholera, due to new outbreaks;

Whereas: The Honduran Medical College, without submitting its claim to the Labor and Social Welfare Ministry for a decision, has gone ahead and decreed a suspension of Honduran hospital medical services, which the state offers the people, as an illegal method of exerting pressure on the authorities to demand an unfair

and disproportionate increase in remunerations for doctors employed as public servants;

Whereas: This attitude of the Honduran Medical College is unacceptable because it infringes upon the law to the detriment of the sick and those who need medical care, thus making the doctors criminally and civilly responsible;

Whereas: Up to now the Honduran Medical College has rejected without valid reason the reasonable offers the state has presented to them through the Public Health secretary and the Public Credit Secretariat;

Whereas: In the face of the situation created by the Honduran Medical College by paralyzing medical services for the people, the executive branch is legally authorized to adopt required measures to avoid harm to the community and take necessary measures to reestablish suspended medical services and guarantee their normal functioning;

Therefore: And following the authority bestowed on him by Paragraphs 1, 18, 29, and 45 of Article 245 of Constitution of the Republic; Articles 554, 555, 556 of the Labor Code; and Article 3 of the statute for employed doctors;

#### **Decrees:**

First: To declare a state of emergency for public health services and assistance in all state-run hospitals and clinics.

Second: To declare as nonexistent the illegal strike decreed by the Honduran Medical College in the various Public Health dependencies, the Honduran Social Security Institute, and the National Autonomous University of Honduras.

Third: To order the heads of the institutions affected by the suspension of work by medical personnel to immediately take all necessary measures to reestablish normalcy in suspended medical services. These heads of institutions are fully empowered to:

- Contract the medical personnel needed to ensure good medical services throughout the country.

To dismiss, transfer, or suspend the personnel who are not efficiently offering their services or who do not show up for work.

To contract private hospital medical services to efficiently provide the services required by all the people.

To request essential help from the Public Security Forces to maintain order in the hospitals or to ensure the safety of patient care.

To request the Attorney General's Office and the appropriate judicial authorities to outline civil, administrative, or penal responsibilities that striking workers will or may have incurred by illegally paralyzing the country's public medical services.



Fourth: This decree is effective on this date and should be published in the official LA GACETA newspaper.

Issued in Tegucigalpa, Central District Municipality, on 6 October 1993.

## Peru

### Communities To Run Health Units, First-Aid Stations

PY1009204393 Lima EXPRESO in Spanish 31 Aug 93 p A21

[Excerpt] Management of first-aid stations and health units will be transferred to civil organizations "to improve nationwide health services, particularly in peripheral zones." This announcement was made yesterday by Health Minister Jaime Freundt-Thurne.

The project, he said, does not necessarily entail privatization of health services because the state will continue to earmark budget allocations for the various health units.

The minister explained that personnel and fund management will be transferred to the communities, explaining that communities will decide what to do with the funds and whether to contract doctors or health technicians, purchase new equipment and instruments, improve the infrastructure, or even produce additional funds.

"What we want is to transfer to the communities the responsibility of caring for their own health, giving them leadership and managerial training. It will be a nationwide policy under which aid will reach some sectors that are now outside of coverage because of their location in peripheral areas. They will have to intervene and actively engage in management of health services," he noted.

### Privatization

In another part of his remarks, the brand-new health minister reiterated his idea that it would be advantageous to privatize some health groups. Even though he did not mention the groups, he was alluding to the so-called Health Service Organizations [OSS], the creation of which was evaluated by the congressional health committee—which he chairs. Former Health Minister Victor Paredes Guerra did not support the health organizations.

As is known, this system creates the OSS's, which are health service enterprises. Workers are free to join one, paying a monthly fee, but this does not imply abandoning the Peruvian Social Security Institute, to which they will continue paying the so-called solidarity contribution.

Freundt, who is also a lawmaker, did not provide further details. He was enthusiastic about the possibility of implementing both what he called "communization" and the reform of the health sector. He added that, in his opinion, it was this position of his that prompted President Alberto Fujimori's decision to name him health minister. [passage omitted]

## Uruguay

### Laboratory To Sell Cuban Anti-Meningitis Vaccine

PY2109005793 Montevideo BUSQUEDA in Spanish 9 Sep 93 p 43

[Excerpts] Although it is known as the Finlay vaccine, the Va-Mengoc-BC was discovered during the past decade by a team headed by Cuban physician Concepcion Campa, the current director of the Carlos J. Finlay laboratory. [passage omitted]

Representatives of the Gautier Inc., laboratory—recently authorized by the Public Health Ministry to sell this vaccine in Uruguay—told BUSQUEDA that according to Brazilian health authorities the vaccine's effectiveness varies from 80 to 83 percent. A mixed Cuban-Brazilian technical commission is in charge of monitoring those who are inoculated. [passage omitted]

Gloria Roucco, director of the Public Health Ministry Epidemiology Department, commented: "The Ministry refused to acquire it to inoculate the public. We do not know whether it is sufficiently effective. All we do know is that it has not proven effective either from an epidemiological or clinical viewpoint. The only information we have is from the Cubans and its use in that country. Three years ago I attended a congress in Cuba where the results of its use in Brazil were disclosed, and not even the Cubans were satisfied with it."

In Roucco's opinion a vaccine should be administered universally. She added: "Different types of meningococcus are appearing. What are we going to give the public? Just a bit of everything? That would mean preventive anarchy." [passage omitted]



### Maghreb Unites To Import Medical Drugs

93WE0523 Algiers LIBERTE in French, 8 Jul 93

[Article by M. Kheireddine: "Investments in Medical Drug Production: One Unacknowledged Obstacle"; first paragraph is LIBERTE introduction]

[Text] The drug import budget amounts to about \$500 million; 80 to 90 percent of the drugs sold in Algeria are imported.

In order to reduce their foreign-currency bills, the three Pharms [companies in charge of medications] now pool their drug purchases. For the same reason, Algeria and the other Maghreb countries have organized what is called group purchases. Centralizing orders strengthens the purchasers' position in negotiating contracts, and it lowers prices.

For the moment, the State relies on the three state-owned companies to implement the drug import program for 1994.

In this connection, contracts may be signed for several years. Although imports by the three Pharms are coordinated, we still note that distribution is not regulated. In fact, there may be an oversupply of some drugs in a given region, and a scarcity in another. This failure was partially remedied when the Council on Currency and Credit approved drug imports by distribution companies. Using the foreign-currency amounts allocated to them, importers subject to dealership regulations must now purchase drugs abroad on their own. Dealers are also blamed for charging excessive prices for their imports.

Now it turns out that imposed profit margins are high. It is the government's responsibility to regulate the market so that neither the consumers nor the private or state-owned distributors are injured.

Concerning the slow progress of these companies—created in the context of partnership—in investing in productive projects: first, LPA, the Algerian Pharmaceutical Laboratory, a group formed by Biochemie (the Sandoz Austrian subsidiary), Sanofi Winthrop (a subsidiary of Sanofi [Aquitaine Financial Corporation for Hygiene and Health]) Smith-Kline Beecham (an Anglo-American group); Mr. Mustapha Ait Adjedjou expects that its industrial project, which eventually will manufacture 60 million drug units, will start by the end of 1993. Rhone-Poulenc, jointly with Sidal, is considering setting up a production unit that, in a first stage, would produce 65 to 70 million units (and 150 million units eventually); if all conditions are met, this unit will start production in 1995.

In a context that is unfavorable to investment, these companies displayed a determination to carry out their projects, betting on the promising Algerian market. However, a major obstacle slowed down foreign investment: the law on credit and currency provided that profits made in Algeria could be repatriated, but this

provision was not applied because the country's foreign currency reserves were low. We shall not mention the successive changes of government that delayed projects, and the complex procedures that forced dealer-investors to go through what amounts to an obstacle course. The new investment code provides many benefits, in particular with respect to taxes and customs duties, to foreigners. Is it more attractive than that of countries such as Morocco and Tunisia? Spreading suspicion about anything that is private will eventually discourage investors from coming to Algeria, and slow down the flow of capital toward our country. On the other hand, if private and public initiatives are combined, and foreign investment truly encouraged, we may limit our country's dependence as far as drugs are concerned and, through production, manage to lower prices. Better supplied, Sidal can cover 40 percent of our needs. The LPA and Rhone-Poulenc projects, when in operation, will cover a large part of the demand. Other investments should be initiated, too, as our country opens itself to foreign capital. That, of course, will require a pharmaceutical production policy.

### Afghanistan

#### Iranian Official Warns of Disease Threatening Afghan People

LD2208174193 Tehran IRNA in English 1522 GMT  
22 Aug 93

[Text]" Contagious diseases, especially diarrhea and malaria, are seriously threatening the Afghan people", Dr. Parviz Vaziriyani, an Iranian Health Ministry expert announced here today.

Vaziriyani regretted that despite the prominence given to the issue, international organizations have made "little" efforts in their campaign against the said diseases in Afghanistan.

He said that a group of Afghan experts are soon to arrive in Iran to undergo special short term training courses to begin the fight against malaria. " Kabul residents are mainly exposed to the skin diseases rarely observed in other developing countries", Vaziriyani warned.

He said that infectious diseases are spread in other regions of Afghanistan, but due to the absence of health care experts and lack of medicare centers no exact figure on the number of the infected is yet available.

"The capital's two hospitals treated 12,400 people over the past few months. Kabul hospitals were in dire need of medicare facilities and medicine," disclosed to the Iranian official.

In related news, the field campaign against contagious diseases has started in Afghanistan following Iran's dispatching here of a team of physicians and shipment of medicine.

Spread of the epidemic over the past months, has worsened especially in the summer season due to medicare problems as a result of war and clashes which have swept this deprived and war-torn country, claiming the lives of numerous persons.

According to the Afghan healthcare officials, spread of such diseases as tuberculosis, diarrhea, leprosy, typhoid, malaria, typhus, skin and venereal diseases were quite extensive in Afghanistan over the past few years.

Comprehensive control and mobilization is needed to curb the epidemics, the Afghan officials added.

### Algeria

#### Care of Dialysis, Cancer Patients 'Tragic'

93WE0522B *Algiers REVOLUTION AFRICAINE*  
in French 14-20 Jul 93 p 8

[Article by Djamel Hamouda: "Annaba: Carelessness at the University Hospital"; first paragraph is REVOLUTION AFRICAINE introduction]

[Text] Physicians, patients, technicians, and hospital staff all agree: things are going badly at the Annaba University Hospital.

This university hospital, which alone serves the four far-east governorates, has been experiencing an obvious failure of its hemodialysis system since March 1993. The situation is dramatic, physicians say. It is rather tragic, the families of the patients point out. We could only agree when we learned on location that a girl, who had just turned 20, died for lack of care. What angers most the families of patients is to be faced with the fallacious argument that the reasons of the death "are still undetermined." This is what happens when absurdity mixes with impropriety in these "meccas of science." The most conscientious among the physicians and the hospital staff blame this death on defective equipment and on the water supply, which requires special treatment. Today, this victim is added to the list, already too long, of seven patients.

The (macabre) results, which the administration attempts to explain, is far from convincing the patients and their families, who claim loud and clear that "City officials allow our children and our parents to die like animals, among people who could not care less."

Their bitterness is also increased by the unkept promises of the minister of national solidarity, who went on location over one month ago.

Actually, Mrs. Benhabiles, who looked quite affected by the situation prevailing at the hospital, and more particularly by the situation of hemodialysis patients, promised that a health policy dossier was being worked out and that the case of seriously ill patients would be solved to their satisfaction within a few days.

However, until such a health policy is worked out and applied, illness progresses and patients cannot make do with promises.

One thing is certain: hemodialysis patients are on their own. If nothing is done right now, the outcome of their daily struggle against the disease will be unfavorable. Even if they attempt to get organized in a league that would address their concerns, their life remains threatened as long as the hospital administration does not fulfill its responsibilities, not just by acknowledging their complaints, or by writing reports and statements that produce no results, but in getting more involved in their struggle for life. Other seriously ill patients, whose only treatment and remedies are the pity and affection of their families, are also forgotten.

The question of cancer patients is an acute one, especially for the poor and those "without connections": unlike the rich, they cannot travel to France or Tunisia to get the treatment they need; unlike those "with connections," they cannot always find a hospital bed in Constantine or Algiers.

The Annaba University Hospital does not have a cancerology department, nor assistant professors in this field; since, geographically, its activities cover the five adjoining governorates, the cancer patients of Tebessa, Guelma, Souk-Aharas, Taref, and Annaba—if they are lucky, and sometimes too late—are directed to Constantine to undergo radiotherapy.

As a result of this structural deficiency, cancer patients are housed with other patients in wards where the conditions required to treat them are practically nonexistent.

#### Plan To Meet National Demand for Drugs

93WE0522A *Algiers EL WATAN* in French 17 Jul 93

[Article by N. Grim, EL WATAN: "Medical Drug Production: A 500-Million Dinar Investment"; first paragraph is EL WATAN introduction]

[Text] The state-owned pharmaceutical company Sidal is about to implement a large investment program that will enable it to cover 18 to 25 percent of the Algerian demand for essential pharmaceuticals by 1996.

Designed to increase the production capacities of the four Sidal units (Medea antibiotics complex, Pharmed in Dar El-Beida, Biotic in Gue-de-Constantine, El-Harrach unit), the investment program will cost a total of 500 million dinars (of which 300 million will be paid in foreign currency) and will be financed to a large extent (65 percent) by credit lines.

Sidal itself will finance 15 percent of the program, and the chemical-pharmaceutical participation fund—Sidal's majority shareholder—will pay for 20 percent of the investment.

The lion's share will go to the Medea antibiotics complex: it will get nearly 30 percent of the amount invested. The complex will, at last, be able to acquire the water-treatment equipment it needs—the chemical composition of the water seriously affects product quality and the manufacturing process.

What is expected in return is a production capacity increase of some 37.6 million sales units per year. The total production capacity would then amount to 80 million sales units, enabling the Medea production unit to meet about 15 percent of the Algerian demand while improving the quality of the drugs produced.

The Dar El-Beida Pharmal unit will be allocated a solid budget to increase its annual production capacity from 26 to 40 million units, i.e., an additional 14 million sales units. When the investment program is completed, the Algerian production of Pharmal-made drugs could thus cover 10 to 15 percent of the national demand.

The Biotic unit in Gue-de-Constantine will increase its production capacity by five million sales unit. When the investment program is completed, Biotic will be able to produce a total of 24 million sales units. As is known, Biotic has already set into service a new production line for massive solutions, developed jointly with an Italian partner, and a second facility will soon become operational.

Finally, investments at the El-Harrach production unit will aim to make the most of existing production equipment, upgrade infrastructures to comply with international manufacturing standards, and replace some equipment. These operations will enable El-Harrach to achieve an annual production of 20 million sales units.

When the investment program is completed, these four units are expected to produce an additional 62 million sales units, thus bringing Saidal's total production to 169 million sales units per year. Enough to meet about 25 percent of the Algerian needs for essential drugs within two years (the average time required to complete these investments); these needs were estimated at about 600 [sic] sales units for the year 1993.

In closing, we should note that the investment program, which consists essentially in upgrading the existing potential (IVPE [investment to upgrade existing potential]), replacing some equipment, and making some process modifications and adaptations, will generate new jobs that will, first of all, help solve the overstaffing problem that Saidal has been experiencing for several years already. It will also enable the company to increase its sales by 200 percent compared with 1992, and to achieve excellent operating results already by 1996.

According to sources close to state-owned drug companies, the program designed to develop Saidal's production capacity will be accompanied by investments in the form of mixed companies, with various partners,

including some leading drug companies such as Rhone-Poulenc, Pfizer, and Novo Nordisk, with which agreements will be signed in the near future.

## **Annaba Medical Treatment, Facilities Criticized**

### **CHU Cancer Care 'Deficient'**

93WE0479A Algiers LIBERTE in French 22 Jun 93 p 9

[Article by Nour Eddine Lezzar: "Annaba Cancer Ward"]

[Text] Annaba's health infrastructure is crumbling. The cancer ward is one of the worst cases in point.

The Annaba University Hospital Center [CHU] serves the health needs of five wilayas: Annaba, Guelma, El Tarf, Tebessa, and Souk Ahras. Despite its wide geographic coverage, it does not have a specialized cancer treatment department or even an assistant lecturer. It would seem this is a classic case of the chicken-and-egg dilemma. Should one first create a specialized department in order to recruit a specialist, or bring in a specialist to create a department? As a result of this structural deficiency, cancer patients at Annaba are kept in the same facilities as other patients, whereas their situation and condition require special therapy and care. It should also be noted that due to the lack of specialists, many cancers are not diagnosed until they reach an advanced stage, which considerably reduces chances of recovery.

Cancer patients from the five wilayas in Annaba district must make repeated trips to Constantine (170 km away) for treatment, especially radiotherapy, despite their generally precarious physical condition. Another side effect: overcrowding at the facilities of the Constantine CHU, which is now affecting a large geographic zone.

But how much does the equipment cost? Is it impossible to acquire? Is this a money or a management problem? In addition to the equipment shortage, we were told the center has completely run out of the medications required for treatment of cancer patients, especially drugs that must be administered at the hospital under medical supervision. But these medications are supposed to be available from ENCOPHARM [National Pharmaceuticals Company]. What is behind this tragic situation? Budgetary problems or something else? Why can't the CHU provide a minimum of care for these seriously ill patients? Cancer patients who are relatively well-off have availed themselves of the option of getting treatment in Tunisia. But how long can they continue to do so, given the rate of exchange (1 for 5) for Tunisian dinars, and the fact their expenses are not reimbursed by social security?

**Public Health Services Denounced***93WE0479B Algiers LIBERTE in French 22 Jun 93 p 9*

[Article by Nour Eddine Lezzar: "Annaba Health Services 'Seriously Ailing'"]

[Text] Many people from various walks of life are raising their voices, sometimes vehemently, to protest the quality of public health services in Annaba....

Consumers, patients, relatives of patients, medical and paramedical personnel, and government technical experts all seem to give low marks to Annaba's hospital, medical, and paramedical services. The patients feel abandoned. Doctors say they are powerless, and the government, while acknowledging the decay, lays the blame elsewhere. Hemodialysis patients (sufferers from renal insufficiency) are the most tragic victims. The toll is grim: Seven patients died during the month of Ramadan, and a 21-year-old girl just recently gave up the ghost. The reasons for her death remain to be determined. According to several sources, the cause was defective equipment, to wit the shower room, as the water was not properly treated.

During Mrs. Benhabyles's recent visit to Annaba, in the course of a meeting with community organizations, the president of a patients' association touched those in attendance with the heartrending words: "City officials are letting us die." The minister delegate for solidarity replied that sufferers from chronic ailments like renal insufficiency are a top concern of ministers involved with public health issues, and a policy paper on health was being prepared.

But the tragic plight of seriously ill patients will not be alleviated by promises as imprecise in substance as they are vague about a timeframe. Moreover, a whole month has already elapsed since the minister's visit, and nothing new seems to have happened to alleviate the anguish. Solutions are needed urgently, but....

Meanwhile, to promote and support their demands, associations of patients plan to get a dialogue going and organize themselves into a league to champion their common concerns. To date, their activities have generated little response. At a recent meeting of patient associations and health authorities, the absence of key health-sector officials was deplored. Beyond the deterioration and breakdown of the health system at the national level, it would seem that conditions are especially bad in Annaba, and consumers are more than ready to lay the blame on local authorities.

**Working Conditions at New Hospital 'Disastrous'***93WE0506A Algiers LIBERTE in French 30 Jun 93 p 9*

[Article by A. Tahraoui: "Azazga (Tizi-Ouzou): Brawl at the Hospital"; first paragraph is LIBERTE introduction]

[Text] Two months after opening its doors, the 240-bed Azazga hospital seems to have gotten off to a bad start...after 17 years of Herculean labor.

Located in an oasis of greenery a short distance from the town of Azazga on the main highway leading to Yakouren and Bejaia, this new, much awaited hospital, because of its strategic location, was supposed to be a "breeze" for people living in outlying areas. But not everything seems to be going swimmingly. Doctors are already clamoring about their impotence "faced with the dramatic situation experienced by practitioners since the hospital's ill-advised opening." The medical staff had refused to allow this opening, owing, we were told, to the "non-completion of construction and the nonexistence of conditions necessary for the proper operation of various departments." Practitioners at this hospital, when interviewed on site, added that "this had not stopped the director from using every arm-twisting method to make the medical council reverse its decision." In such a situation, "working conditions and patient care are catastrophic, and stating so can only frighten you." As an example, practitioners cite the emergency room, "which is nothing of the sort, inasmuch as it is temporary," which in addition suffers from its tight, inappropriate space and from "the almost total lack of the most basic emergency products to deal with patients."

The same situation, we have been led to believe, prevails in the various hospital departments where, we were told, "you can't find any of the most ordinary drugs, forcing the patient to spend incredible amounts of money to obtain them." Radiography as well does not seem to have been spared. From the poor quality of the X-rays to the unavailability of blood (since there is no blood transfusion center), and including the shortage of material, practitioners no longer know what to do. Added to this not very attractive situation are "other excesses" which, according to the medical team, "have become everyday occurrences: disdain for the medical staff, cases of interference exceeding prerogatives, etc."

Might poor management on the part of the director be at the root of the situation prevailing in this hospital?

"The hospital is in the process of investing in the construction of housing at a time when the laboratory has no reaction agents for biological examinations which are necessary for patients, and the unpaid bills are piling up," one doctor observed.

His colleague interrupted to mention something else: "can you imagine locking up a piece of equipment that does an endoscopy?" and he added: "the doctor who specializes in gastroenterology exists and even given that fact, patients who need fibroscopy are sent to the private sector, whereas the public health sector is able to provide this service which is helpful, in practical terms, in all sorts of tests (echography, blood tests, fibroscopy, rectoscopy, etc.)."



With such a list [of problems], which have been found to be catastrophic from every point of view, the medical team is asking itself this question: "How can we take care of patients with such deficient management?" while at the same time it hopes that the authorities will intervene "so such situations can be forever banished from health facility management."

Contacted by us for more information on this subject, the hospital's director could do no better than demand a permit from the Health Directorate from us. Clearly the old bureaucratic practices that we thought had been relegated to the dust heap are coming back with a vengeance. And yet, an emergency does not wait.

## India

### African Locusts Swarm Gujarat, Rajasthan Deserts

93WE0565 Bombay THE TIMES OF INDIA  
in English 21 Jul 93 p 9

[Excerpts] African locusts have swarmed the desert areas of Gujarat and Rajasthan after five years and the ministry of agriculture has launched a massive multi-crore operation to spray pesticides to control their invasion into croplands.

"We will start aerial spraying of pesticides soon," said the agriculture secretary, Dr M.S. Gill. The ministry has hired two private helicopters and a Vayudoot aircraft and sanctioned an extra Rs 1 crore for the program.

The locusts migrate during the day and control measures have to be launched at night when they settle down. Efforts will be directed towards preventing it from becoming an epidemic, leading to destruction of vegetation and crops.

Some locust swarms were observed near Pokhran and Barmer areas in Rajasthan and Banaskantha in Gujarat last week. Major locust swarms have invaded the country 13 times since 1861. They visited the country last in 1988. Except during the last three occasions, the swarms stayed on in the country for five to six years at a stretch.

The locust plague of 1988 was the worst since 1959 when it covered an area from Cape Verde in the Atlantic to Pakistan and India, affecting some 43 countries, representing one-fifth of the earth's surface. In the last two decades, over \$450 million has been spent on fighting locusts in the Sahel region of Africa, stretching from Mauritania in the west to Horn in the east.

The year's locust swarms were carried into the country by a cyclonic storm originating in Oman. Though some swarms had settled in Pakistan early this month, apparently the authorities did not control the menace immediately. Experts here said this may have had a major role in the pest's invasion into Gujarat and Rajasthan.

"We hope to control and destroy the swarms in three or four days," said Mr I.S. Malhi, joint secretary in the ministry. He will visit the locust-hit areas and co-ordinate the aerial and ground control measures.

[Passage omitted]

Originating in north Africa, this year's locust swarms were active in Saudi Arabia, Yemen and Somalia. Latest reports of the Food and Agriculture Organisations (FAO) of the U.N. indicated that major locust swarms were active in Oman and Pakistan before entering India.

The entire cost of locust control measures in the states is borne by the Central government. It spends over Rs 1 crore every year on the programme.

### Maharashtra Admits Water Caused Epidemics

93WE0563 Bombay THE TIMES OF INDIA  
in English 23 Jul 93 p 3

The state government today admitted that epidemics in Maharashtra was due to water being drawn from various sources and added that deaths occurred because medical help reached late or not at all.

The rural development minister, Mr. Ranjit Deshmukh, said that though contamination of water, drawn from lakes and rivers, could have led to widespread gastro, jaundice, cholera and malaria in the state, he ruled out that water supplied through tankers had led to any illness as it was purified.

Mr. Deshmukh said a co-ordination committee of various departments, including his own (the urban development and public health), shall be constituted to study various sources of water and give recommendations for the supply of purified water.

Replying to a calling-attention motion raised by the BJP member, Mr Wamanrao Parab, the public health minister, Ms Pushpatai Hiray, said about 17,000 persons had been affected by various water borne diseases in 16 districts in the state between June 1 to July 20 this year.

She said 157 persons died of gastro, cholera and jaundice during this period. Of the 10,791 persons affected by malaria, none had yet succumbed to the disease.

Ms. Hiray said all steps would be taken to provide clean surroundings in villages and also medical help in time. [passage omitted]

### Maharashtra Reports Deaths From Water-Borne Diseases

93WE0567 Bombay THE TIMES OF INDIA  
in English 16 Jul 93 p 3

In all, 178 persons succumbed to various water-borne diseases in the state in a span of just 42 days, from June 1, according to the public health minister, Ms. Pushpatai Hiray.



Replying to supplementaries on a calling attention motion tabled by Mr Nitin Gadkari (BJP) and others in the legislative council, the minister said over 6,841 people were affected by these diseases during the same period.

The maximum deaths were caused by enteritis (125 deaths), followed by dysentery (28 deaths) and Jaundice (18 deaths). While cholera claimed six lives, typhoid claimed one.

Over 5,100 people were affected by enteritis, 1,045 by dysentery, 445 by cholera and 163 by jaundice, she added.

On a question by Mr. Dharamchand Chordia (BJP), the minister admitted that doctors were not willing to go to inaccessible areas despite being given incentives. If the members gave names of doctors willing to go to these areas, appointment orders would be made out immediately, she added.

When Mr. Chordia suggested that instead of incentives working in inaccessible areas for three years should be made mandatory for doctors to become eligible for promotions and increments, the minister said the government was considering making it compulsory for medical graduates to serve in rural areas for two years, to make them eligible for admission for post-graduation.

Ms. Hiray assured the house that a meeting of rural development and urban development ministers would be organized to ensure that clean water was provided to the people.

The suggestion was made by Mr. D.B. Patil (PWP) when the minister had earlier told the house that in some areas people became victims of diseases as they were drinking turbid water. Mr Patil and the leader of the opposition, Mrs. Anna Dange, pointed out that people were drinking unclean water not by choice, but because of compulsion.

Ms Hiray said a team would be sent to Jawhar area of Thane district to inquire about the four deaths from one family reported from the area. Mr Dange had a question in this connection.

The minister told the members that the department had been sanctioned medicines worth Rs 50 lakhs to check the diseases. She said chlorine tablets were distributed in Jawhar area.

Mr. Virendra Deshmukh (PWP) complained that DDT was not available, which could help in arresting the epidemic. Mr. P.G. Dasturkar (Ind) pointed out that the Union government was implementing an anti-larve scheme which was an alternative to DDT. He suggested that the government approach the Union government to implement the scheme.

Ms. Hiray told Mr. Gadkari that the government has received a report from the joint committee of members of both houses of the state legislature. It had been sent to the rural and urban development departments and their

views had been sought on it. She gave a list of steps to be taken to prevent the spread of diseases and cure the affected people.

**Transformer Fire:** Following a demand by Mr. Gadkari, the minister of state for energy, Mr. Arun Divekar, agreed to inquire into the fire in the Maharashtra state electricity board's (MSEB) Uran power generation station on July 6, which damaged a generator.

On a calling attention motion moved by Mr. Patil, the minister said oil leaked out of the transformer of a generator, which caught fire, and damaged the generator.

The expenses for repairing it would be Rs 6 lakhs and the generator would start functioning again from October 1993, after repairs were completed, he added.

Mr. Gadkari expressed doubts over oil spilling out of the transformer and alleged that it was due to negligence and was not a mishap or technical fault as claimed by the ministers. On this, Ms. Divekar agreed to inquire again.

#### **Majority of Rabies Deaths Reported From India**

93WE0569 Bangalore DECCAN HERALD in English  
5 Jul 93 p 5

An alarming 70 per cent of fatal rabies cases in the world were reported from India.

The 100 per cent fatal disease, transmitted to man mostly by the bite of rabid animals such as dogs, monkeys and cats, took a toll of 25,000 Indians out of 35,000 the world over in 1992.

The Indian Chapter of Association for Prevention and Control of Rabies in Asia today organized a seminar here to ensure better anti-rabic services to people and to help achieve prevention and control of rabies in the City.

Addressing reporters on the occasion, APCRA South India Joint Secretary Dr. M.K. Sudarshan said in Bangalore annually about 80 persons, including 25 children died of rabies.

He said according to the Health Department of the Bangalore City Corporation, there is a population of over one lakh dogs in the city and an estimated 20,000 persons receive post-bite and anti-rabic vaccine annually. The BCC Health Department spends nearly Rs.10 lakh on vaccine alone.

#### **Kashmir Apples Endangered by Mystery Disease**

93WE0561A Bombay THE SUNDAY TIMES OF  
INDIA in English 25 Jul 93 p 21

[Text] Srinagar, Jul 24—A mysterious disease has afflicted the apple crop in Kashmir this year posing a threat to the state's fruit trade. Apple growers are baffled by the premature decaying of the leaves and fruits.

Apples account for 87 percent of the fruit produced in Kashmir with an annual turnover of around Rs 200

crores. However, it occupies only 40 percent of the total land area of the orchards in the Valley. The other major crops are walnut, cherries and almonds.

Scientists at the agriculture university here are still trying to ascertain the causes of the new disease. As a precautionary measure, they have advised the growers to keep the orchards clean and free from water-logging.

The disease was first noticed in the Valley two years ago in Sirhama village, in south Kashmir. Scientists then suggested ad hoc measures, but did not investigate the problem.

However, this year, the disease has spread to many parts of the Valley, including Sopore in northwest Kashmir. Growers are now worried that if the scientists do not come up with effective remedies soon, the disease might become an epidemic, which will be difficult to control.

However, the Director of the Horticulture Department, Mr G.A. Dar, told the TIMES OF INDIA News Service that there was no cause for panic. He pointed out that the sprawling orchards at Zainpurin Pulwama district set up under the Indo-Bulgarian project were free from the disease.

### Oral Cancer Cases Highest in Orissa

93WE0588A Bombay THE TIMES OF INDIA  
in English 7 Aug 93 p 7

Frequent chewing of pan accompanied by caustic tobacco, catechu and calcium has made the coastal region of Orissa, the world's largest pocket with the maximum number of oral cavity cancer patients, according to a recent study. Most of the patients are middle-aged women from the rural areas.

The study made by the oncologist and president of the Orissa chapter of the Indian Cancer Society, Dr Banamali Mohanty, reveals that while pan is the sole factor responsible for causing wide-spread quid bed cancer in the coastal region, multiple pregnancy is the reason for growing cervix cancer in the tribal areas of Sundergarh, Bolangir and Kalahandi in Western Orissa.

The study says that although quid bed cancer cases are spread throughout the coastal region, most of them concentrated in the triangular zone comprising Nayagada, Puri and Paradeep, where pan chewing is rampant.

This zone alone accounts for 50 percent of the total cancer patients annually reported, of which there are one lakh in the state. Here, on an average, a person chews 20 pans a day continuously for 15 years.

In the cases reported, 60,000 patients suffer from quid bed cancer and nearly 20,000 from cervix cancer. Every year the Cuttack Cancer Hospital registers 10,000 new cancer patients, 80 percent of whom come in a terminal stage.

The study further reveals that oral cancer is very common in India and 50 percent are from Orissa alone. Incidents of "cancer buccal mucosa" range from 45 to 50 percent among the oral cavity cancer patients in the country, it says.

Dr Mohanty felt that the frequent use of chemical fertilizer to ripen pan prematurely, before marketing could be one of the reasons for the disease. On the other hand, the use of chemically-treated tobacco, which is the major component of pan masala, aggravates this disease.

Dr Mohanty noted that while incidence of cancer is on the rise, the state does not have a well-developed hospital to treat poor patients.

The Orissa chapter of the Indian Cancer Society has been conducting weekly cancer detection camps in villages which have proved successful. These camps have helped control the disease at the early stages. The society has so far held more than 250 camps and screened over one lakh people.

Dr Mohanty said an open cancer treatment hospital in a rural area had been planned by the society to help those who could not afford to pay Rs 5,000.

### Iran

#### Government Signs Letter of Understanding With Albania

LD1210135893 Tehran IRNA in English 0936 GMT  
12 Oct 93

Iran and Albania here Monday signed a letter of understanding which aims at providing friendly cooperation and relations in health-related areas.

The letter of understanding was signed at the end of the visit to Iran of Albanian Minister of Health and Environmental Protection Tritan Shehu and his Iran's Health Minister Ali Reza Marandi.

The two sides agreed to establish short-term training courses for Albanian specialists and experts depending on Albania's need and Iran's capabilities.

Iran contested to export medicine and medical equipment to Albania at competitive prices and the latter agreed to facilitate issuing permission for the utilization of Iranian products.

The two countries will exchange medical and paramedical staff in addition to students, in a bid to become acquainted with each other's scientific capabilities.

They will also cooperate to improve statistical and data systems, exchange professors and lecturers in medical field and, exchange of medical information concerning "AIDS".

Coordination of experts in areas related to offering health services and setting suitable ground for expanding

maternal and child health, environmental health, occupational health programs as well as controlling diseases and improving nutrition are among other topics of the agreement.

Shehu, who arrived here on October 8 at the official invitation of Marandi, left early Tuesday.

### First Successful Marrow Transplant Reported

93LA0138Y Tehran JOMHURI-YE ESLAMI in Persian  
24 Jun 93 p 10

[Text] Shiraz—JOMHURI-YE ESLAMI. An equipped medical team supervised by Dr. Maryam Zakerinia performed Iran's first successful bone marrow transplant operation at Shiraz's Namazi Hospital. In this successful operation a nine-year-old boy gave 30 cc of bone marrow from his pelvis to his six-year-old sister.

Our correspondent reports from Shiraz that this very important operation, which was performed in the country for the first time, was performed by Dr. Zakerinia along with a team including Drs. Haqshenas, Nura'i, Amir-Ghaffaran, Esma'ili, and Farivar.

The recipient of the marrow was a six-year-old girl named Marzeh Tashri'i. Six months after she was born the symptoms of thalassemia major appeared, and to keep her alive it was necessary to give her regular transfusions of desferal and blood.

According to the same report, the donor of the bone marrow was her nine-year-old brother Hamid Reza.

In an interview with our correspondent, Dr. Zakerinia discussed this operation. She said: "This patient, who was suffering from thalassemi major, had been suffering severely for about six years. We hospitalized her in the ward about nine days before the operation. We chemically removed her bone marrow so that she had no immune defenses. After passing it through special filters and mixing it with culture environments, we put about 300 cc of her brother's bone marrow into an ordinary blood bag and transferred it into this girl through a blood vessel in the arm." She also added: "This girl must remain under intense observation for about two to three weeks in an isolation room with climate control devices and filters, until her white corpuscle count is high enough. She then discussed the cost of this operation abroad, compared to the domestic price. She said: Abroad, this operation would cost about 10 million toman, yet we anticipated only about one-tenth of that amount. We are fully prepared to do bone marrow transplants in this hospital on a wide scale, provided of course that the drugs needed can be procured."

She also added: "In Iran there are about 16,000 cases of thalassemia, about 2,500 of which are in Fars, mostly from the deprived and oppressed classes of society. I therefore ask all charitable and public interest institutions, philanthropists and people of good will to help us get this ward into operation."

### Foreign Doctors Leave Ilam Province

93LA0181Y Tehran JAHAN-E ESLAM in Persian,  
10 Jul 93 p 5

[Text] Following the unification of the foreign exchange rate in the country, in the last three weeks 27 foreign physicians who worked in health care and treatment centers in the province of Ilam have left this province for their own country.

Dr. 'Abdol-Khaleq Kaykhvandi, executive director of the province of Ilam Health Care, Treatment and Medical Education Organization, gave an interview yesterday to IRNA's correspondent in which he announced the above.

He discussed the shortage of physicians in the province's deprived areas. He said: "So far a number of health care messengers and physicians subject to the manpower project have been sent to the rural areas."

He said: By the end of the current year [20 Mar 1994], through the use of Iranian physicians subject to the manpower project, the shortage of physicians will be alleviated in most of the province's health-care centers.

### Plant Disease Affects Bandar-e Anzali Rice Farms

93LA0181W Tehran JAHAN-E ESLAM in Persian  
5 Jul 93 p 5

[Text] Five hectares of rice paddies in the Bandar-e Anzali village of Khamam have been infected with a leaf plastid disease.

The leaf plastid disease has now spread to the villages of Chu Koteh, Siyah Estakhr, Varasteh va Siyah Motakhar, Mirza Rabi'i, Alan, Sarkheshki, Tamil, Shirkuh and Amir Kandehe in the district of Khamam.

The leaf plastid disease, known colloquially among farmers as *porsuz*, appears initially as brown stains on the rice stalk and when it has spread the rice grains take on a burnt appearance.

Vahaji, an official in the Bandar-e Anzali Office of Agriculture, said: "This disease has recently spread in some of the region's rice fields, and the fight against the plastid disease continues over a wide area with the mobilization of all forces".

He added: "So far over an area of 550 hectares of land in the area about 500 liters of the needed pesticide has been used".

### Funds Allocated To Expand Health Care in Gilan

93LA0118X Tehran ABRAR in Persian 19 Jun 93 p 9

[Text] Rasht—ABRAR correspondent. In the current year, a sum of 200 million toman was allocated for the expansion and purchase of equipment for the University of Medical Sciences and that of Health and Treatment Organization of Gilan.

According to our correspondent, Dr. Ghanbari, director of Health and Treatment of the region and president of the University of Medical Sciences of Gilan in a conversation with the correspondents while making the above statement, also stated: "95 million tomans were designated for the construction of six hospitals in various cities of the province."

He further added: "The total credits of three years for construction of the earthquake-afflicted region of Rudbar amounted to 617 million tomans, and until now about 95 percent of the reconstruction work has been completed. In the case of approval of the supplementary budget the rest of the reconstruction operation will be completed accordingly."

In conclusion he said: "Before the advent of the earthquake only eight foreign doctors served in Rudbar area, whereas now 25 more Iranian doctors are serving in the region."

#### **Stagnant Pools Threaten Health in Bandar-e Deylam**

93LA0118W Tehran ABRAR in Persian 19 Jun 93 p 9

[Text] Bandar-e Deylam—IRNA. The presence of stagnant pools and nonexistent sewer systems have caused serious problems for the health and natural environment of the people of Deylam.

According to IRNA's correspondent: "The resultant stagnant pools of rain water and higher water tables have created marshlands and swamps throughout the city, and with the advent of summer and the increase in temperatures the situation seems quite ripe as breeding grounds for various insects and arthropods."

A group of Deylam inhabitants, while expressing their concern regarding the presence of these swamps and marshlands, which in addition to rendering an unhealthy environment also causes further attrition on the buildings, asked the responsible officials of the city to take some appropriate measures.

An informed official of the Deylam's municipal office stated: "In 1369 [21 Mar 1990-20 Mar 1991] and 1370 [21 Mar 1991-20 Mar 1992] an amount of 1 billion rials was allocated by the Fars Regional Water Organization for controlling and harnessing stagnant waters of this port city, however, as a result of ineffective planning by the responsible authorities so far less than half of the allocated money has been spent."

He went on to add: "The Water and Sewer Company considers the municipal office responsible for controlling surface waters, whereas the available municipal credits are no match for meeting the costs of such an expensive project."

Al-e Behbahani, director of the Water and Sewer Office of Bandar-e Deylam further added: The surface waters are not considered as sewers of waste waters, and according to the description of the duties of the Water

and Sewer Companies, the control and harnessing of these waters seems to be an obligation of the municipality.

He further stated: "Sewer is a term applied to the combination of waste waters discharged by the inhabitants into the sewer conduits of the residential districts".

#### **New Wards Inaugurated at Ahvaz's Golestan Hospital**

93LA0138X Tehran JOMHURI-YE ESLAMI  
in Persian 27 Jun 93 p 4

[Text] Ahvaz—JOMHURI-YE ESLAMI. In ceremonies attended by a group of officials from Ahvaz, three new wards at Ahvaz's Golestan Hospital were opened and put into service.

Our correspondent reports that these wards include a nerve and psychology treatment center, a neurology department (internal nerves) and a paraclinic complex. The paraclinic complex at this hospital has various sections, sample taking and ambulatory laboratories, hormone studies, radiology, and a supervisory room. At these ceremonies the president of the Ahvaz Medical Sciences University and the chief of the hospital gave talks in which they regarded the opening of these wards as very beneficial for meeting the treatment needs of the people in the province.

It is worth saying that during the ceremonies the library at the Abuzar hospital was also opened, with 230 square meters of foundation.

#### **Infantile Paralysis To Be Eradicated**

93LA0138W Tehran JOMHURI-YE ESLAMI  
in Persian 24 Jun 93 p 4

[Text] Khorramabad—JOMHURI-YE ESLAMI. By the end of the year 1374 [21 Mar 1995-20 Mar 1996] infantile paralysis will be completely eradicated throughout the country.

Ways to eradicate infantile paralysis in the country were discussed at the fourth regional training workshop for fighting the nation's contagious and preventable diseases, held in the municipality of Khorramabad, and decisions were made in this regard.

At this workshop's yesterday morning session, training was given on the major diseases prevalent in the country such as tuberculosis, Malta fever and malaria.

At this meeting it was noted that even the world's most advanced nations have so far been unable to eradicate some diseases such as tuberculosis. Vaccination and immunization were mentioned as the most important current ways to fight contagious diseases.

The regional training workshop for fighting the nation's contagious and preventable diseases began on 29 Khordad [19 Jun] in the municipality of Khorramabad,



attended by Dr. Azmudeh, general manager of the Ministry of Health Care, Treatment and Medical Education's campaign against contagious diseases, and a large number of physicians and specialists. It will continue until 4 Tir [25 Jun].

At this training workshop the nation's main health care problems and contagious diseases were studied and practical ways to fight various diseases were considered.

At the end of yesterday's session of this training workshop, Dr. Azmudeh, general manager of the Ministry of Health Care, Treatment and Medical Education's campaign against contagious and preventable diseases, gave an interview to our correspondent in which he announced that by the end of the year 1374 [20 Mar 1996] infantile paralysis will be eradicated. He said: "In the world it has been decided that by the end of the year 1998 this disease must be eliminated, but in view of the understanding we have of the people of our country, we have predicted that by the end of the year 1374 to early in the year 1375 [21 Mar 1996-20 Mar 1997] it will disappear, because the people themselves are aware of the negative effects of this disease in society, and if it is observed, they will immediately report it to the rural or urban health care and treatment centers."

In conclusion, he emphasized the need to vaccinate infants against this disease.

#### **All Newborns To Be Vaccinated Against Hepatitis B**

93LA0138V Tehran JOMHURI-YE ESLAMI in Persian  
21 Jun 93 p 4

[Text] To extend security, for the first time in the country all the newly born will be vaccinated for hepatitis B when they are born.

Mr. Azmudeh, general manager of the national campaign against contagious diseases, who had gone to Khorramabad, gave an interview to the correspondent from the Central News Unit. In explaining the above, he added: "In view of the favorable conditions for the transfer of hepatitis B from mother to infant, the Ministry of Health Care, Treatment and Medical Education has undertaken to vaccinate infants through the nation's urban and rural health care and treatment centers to increase the resistance indicator for infants against hepatitis B, and to immunize them against swollen livers, which is one of the symptoms of this disease."

He expressed his satisfaction with the progress of the national immunization project. He said: "Before carrying out the immunization, the Ministry of Health Care, Treatment and Medical Education only immunized 5 percent of the population of children under the age of five against contagious diseases such as infantile paralysis, tetanus, whooping cough, measles, diphtheria, and tuberculosis. With the implementation of the extensive vaccination project, this figure has reached 90 to 95 percent and the number of deaths among children due to

these kinds of diseases has fallen from 110 to 33 per thousand in less than a year."

He added: "In view of the successes obtained in controlling infantile paralysis, this ministry has begun an extensive program so that by the year 1994 [21 Mar 1995-20 Mar 1996] we will see the eradication of infantile paralysis in the country."

The general manager of the national campaign against contagious diseases added: "According to existing statistics, every year about 1.5 million babies are born in the country, and from the time they are born until they are nine months old, these children go through five stages of vaccination against contagious diseases."

#### **Nation's First Cardiac Research Center Inaugurated**

93LA0130Y Tehran JOMHURI-YE ESLAMI in Persian  
17 Jun 93 p 4

[Text] Esfahan—JOMHURI-YE ESLAMI. The Esfahan Medical Sciences University Center for Cardiovascular Research has opened and started operating as the nation's first center for cardiovascular research.

This center was built by a philanthropist on an 850 square-meter site with a 1,500-meter foundation in three stories with credit expenditures of 350 million rials, and turned over to the Esfahan Medical Sciences University. It has wards for pediatrics and pathology, a laboratory, a computer center, an epidemiology group, a nutrition group, groups for psychiatry, sports and electrocardiographs, and a scientific library.

Our correspondent reports that the ceremonies opening this research center were attended by the representative from the WHO in the Islamic Republic of Iran, His Holiness Ayatollah Hashemi, His Holiness Taheri, a representative from the Assembly of Experts, the Friday imam of Esfahan, province official, and officials from the Esfahan Medical Sciences University.

The chief of the Esfahan Medical Sciences University and the acting deputy minister for research for the Ministry of Health Care and Treatment spoke concerning the importance and role of research in identifying and treating diseases.

As the meeting continued, Mr. 'Omar Soleyman, representative of the WHO in the Islamic Republic of Iran, spoke on the place of research in medical sciences.

This report states that Mr. 'Omar Soleyman said on his trip to Esfahan: "After studying the situation with the Esfahan Center for Cardiovascular Research, if it has the necessary qualifications, this center will be selected as a base for coordination and cardiovascular training for the nations in the region."



## Iraq

### Iraq: Figures on Sanctions-Related Fatalities Reported

JN1608171593 Baghdad INA in English 1430 GMT  
16 Aug 93

[Text] More than 136,190 Iraqi children under the age of five died in 1991 and 1992, according to Dr. Haytham 'Ali al-Shibani, head of the Impacts of Aggression on Iraq Committee.

Meanwhile, minister of health said some 264,738 Iraqi children died till last April including 170,888 children above five years old.

Also a French journalist has reported that every week more than two thousand Iraqi children fall victims of the economic blockade imposed on Iraq.

A local daily on Saturday quoted a health source as saying that the infant mortality rate is expected to rise due to an acute shortage of drugs and vaccines.

The source added that medical centers of Iraq are suffering from dearth of anesthesia.

Dr. al-Shibani stressed that the environment in Iraq was polluted when oil storage depots were bombed by the allied forces in 1991. The U.N. sanctions prevented Iraq from importing insecticides so that pests and plant diseases have increased.

A recent report by the Ministry of Health has pointed out that fatalities among Iraqi people during June 1993 have risen sharply because of acute shortages of food and medicines emanating from the U.N. trade sanctions imposed on the country.

The report indicated that some 4,067 Iraqi people have died over the said period. Some 2,889 children under the age of five perished because of diarrhea, malnutrition and pneumonia, while some 1,178 people over the age of 50 died because of diabetes, hypertension and malignant tumours.

The ministry's report noted that during June 1989, a year before the sanctions, the number of children struck by malnutrition-related diseases was 123, whereas the number of children fatalities over the same period in 1993 reached some 1,587 scoring an almost a 1,190.2 per cent increase.

Moreover, the report shows that diarrhea has claimed the lives of 156 children under the age of five over the month of June 1989 (as received) in comparison with some 1,417 deaths recorded during the same period in 1993, that is an 843 percent increase.

Likewise, the number of children fatalities because of pneumonia during June 1993 recorded a sharp increase of 652.7 per cent, the report pointed out, indicating that

the number of deaths registered during June 1989 was only 108 in comparison with some 813 deaths for the same period in 1993.

As for patients who suffer from chronic diseases, the report noted that hypertension, diabetes and cancer were the main causes of the death of some 1,178 people. Some 128 people died because of hypertension over the month of June 1989 in comparison with 266 who died over the same period in 1993, recording an almost a 108 percent increase. Fatalities caused by diabetes have registered a sharp rise in 1993. Some 173 people have died over one month in 1993 compared with 70 for the same period in 1989, scoring an increase of 147.1 percent.

Furthermore, the report showed that some 739 people suffering from malignant tumors have died during June 1993 compared with some 236 people over the same period in 1989.

Judging from statistics and surveys released by the Ministry of Health, the number of Iraqis who died as a result of the post-war sanctions is more than that during the actual battle. The UN sanctions have crippled health care, shrunk food supplies and pressed most of the country's 18 million people into despair.

Long-range health plans to combat certain epidemics crumbled during the past two years as lack of funds and necessary medical supplies made it impossible for health officials to continue the program.

Large portions of the population are currently threatened by death. There is the risk of dangerous epidemics spreading quickly in many areas. Lack of sanitation and absence of hygienic conditions are contributing to the spread of a host of diseases including hepatitis, typhoid, as well as cholera.

## Morocco

### King Fahd Donates Medical Equipment, Health Center

93WE0502A London AL-HAYAH in Arabic 22 Jul 93  
p 4

[Article by 'Umar 'Abd-al-Salam]

[Text] Rabat—A medical unit equipped with magnetic imaging equipment was inaugurated at the treatment center of Avicenna Hospital in Rabat under the supervision of Mawrid al-Maghrib Company, which is supported by the Saudi SIDCO Company in cooperation with the Hasan II Organization for the Prevention and Combatting of Nervous System Diseases.

This project was implemented with a donation given by the custodian of the two holy places, King Fahd Ibn-'Abd-al-'Aziz, totalling about 35 million Moroccan dirhams (\$3.5 million).

The Saudi ambassador in Rabat, 'Ali Majid Qabbani, said that the Hasan II Medical Organization submitted a request to obtain this equipment. When the matter was presented to the custodian of the two holy places, he immediately ordered the provision of the medical needs of the organization, which is named after the sister of King Hasan II. This donation includes a magnetic resonance scanner, a surgical microscope, a laser, a suction device, and modern medical instruments. The magnetic resonance scanner is considered the latest innovation of a generation of magnetic resonance diagnostic devices. It relies on the analysis of the movements of hydrogen protons under the effect of a magnetic field. An examination with this device causes no pain, does not expose the patient to any nuclear radiation, and does not require any treatment or preparation with medications. Highly accurate images of the entire body can be obtained. These images resemble those obtained through dissection. This technology thus makes it possible to view minute organs of the body heretofore not visible with other technologies.

This technique is currently considered basic for diagnosing diseases of the central nervous system, vertebral column, spinal cord, skeletal system and joints. It also enables examination of the entire body. This unit will begin providing medical services on 1 October 1993.

## Sudan

### Drug Shortage in Private Hospitals

93WE0536A Khartoum AL-QUWAT AL-MUSALLAH in Arabic 12 Jul 93 p 4

[Interviews with directors of private hospitals and clinics by Abu-Talib al-Kibar; places and dates not given]

The National Salvation Revolution continues to devote increasing attention to the various facilities that provide voluntary services to citizens. Such facilities include health facilities. The operation of health services has an ongoing effect on citizens, both positive and negative. The administrations of five private hospitals met with 'Abdallah Sayyid Ahmad 'Uthman, the health minister in the region of Khartoum. He provided a clear picture of these hospitals' activity and the role that they can play for citizens. AL-QUWAT AL-MUSALLAH surveyed the views of the directors of several private hospitals regarding the subjects discussed at this meeting and the private hospitals' abilities to provide good medical services to a sector of citizens.

We first met with Dr. Tadrus Sam'an, the director of St. Mary's Clinic, which is private.

[al-Kibar] What is your opinion on the laws pertaining to private organizations that were drafted by the Health Ministry in its recent meeting with you?

[Tadrus] They are a good opportunity, which brought us together with the minister. The meeting was positive.

The laws and rules that were drafted are a cause for happiness, because we find that an agency is responsible for us after years of neglect.

[al-Kibar] Are you concerned with high medical bills?

[Tadrus] First, medicine is a humanitarian service, not a commercial service. The clinic is almost more charitable than it is commercial. This is indicated by the 14 beds, which it has equipped and designated for the indigent.

[al-Kibar] Does the hospital have high-tech equipment?

[Tadrus] Yes, we are keen on keeping pace with advanced developments and the newest equipment, especially in gynecology and obstetrics, which we have, except for test-tube baby equipment, which is neither social nor humanitarian, and against state directives.

[al-Kibar] What is the role of the Medical Supplies [Administration] with respect to private organizations?

[Tadrus] No cooperation exists between us. If it does, the quantity supplied is inadequate and does not meet our needs.

[al-Kibar] What about the importation of medicine and equipment?

[Tadrus] There is no reason to import. Our problem is clearance at the airport.

[al-Kibar] Does the hospital participate in charitable works in the country?

[Tadrus] The clinic helped build a ward for the treatment of urinary fistula at Khartoum General Hospital and equip it with modern medical equipment. We are also cooperating with Omdurman Hospital regarding our surplus requirements.

Dr. Husayn Muhammad Hasan, the director of al-'Inayah Hospital, states that the meeting and the laws that were drafted are a good phenomenon. He said that the meeting's significance and dimensions are in keeping with the opening being experienced by Sudanese society. He said that the meeting has served to reestablish and reinforce the working link between officials and executives.

[al-Kibar] How can we justify the high cost of the medical treatment that you provide?

[Hasan] The prices are not high. The fault lies in a misunderstanding on the part of citizens opposed to the owners of private organizations. We come from the core of this people. We suffer what it suffers. Therefore, we cannot burden it with more than it can endure. Nonetheless, we are starting to set prices, etc. based on the current situation in the market.

[al-Kibar] Could you comment on the hospital's role in developing medical activity?

[Hasan] We want to provide our citizens with every innovation in medicine to spare them some of the expense of treatment abroad. Also, the state has now contracted with several parties to import high-tech equipment costing 10 million Sudanese pounds. This equipment will help directly to develop medical activity. It is a system for performing a prostrate operation without surgery. [al-Kibar] What is the role of the Medical Supplies [Administration]?

[Hasan] Praise be to God, my relationship with the Medical Supplies Administration is in excellent order. The situation has improved greatly compared to the past, except for the high cost, which—although it has cost has a decided effect on users of private hospitals—is supposed to effect a comprehensive strategy.

[al-Kibar] Does the organization perform charitable works?

[Hasan] I participate in a project to support orphans. Also, in 1983, I vowed to God and myself that I would treat all students and teachers who are injured during official office hours without charge. And this has been a principle since then.

[al-Kibar] Could you comment on the role of specialists who neglect their duty in the public hospitals to work in the private hospitals?

[Hasan] I oppose dereliction. I find such behavior unsatisfactory. Specialists hold leadership positions. They would do better to act on the basis of the responsibility with which they are charged.

[al-Kibar] You originated the idea of establishing a federation of owners of private medical treatment organizations. What are your hopes for such a federation?

[Hasan] We expect that it will help develop health activity in the country and create a legal person for private activity, and that it will strive to connect owners of organizations with state officials.

We also interviewed Dr. al-Sadiq Qasamallah, the director-general of the Health Ministry in the region of Khartoum and the supervisor of the private organizations' activity.

[al-Kibar] What is the goal of reviving laws pertaining to the activity of private organizations?

[Qasamallah] These regulations are in addition to previously existing laws. Our goal is to define the dimensions of the service provided by private medical treatment organizations in order to formulate future plans, so that the ministry can function in a scientific, carefully thought out, precise manner to ensure the health of citizens who patronize private organizations.

[al-Kibar] Could you comment on the dereliction of specialists and workers in the Health Ministry, who are working in private hospitals?

[Qasamallah] Laws were studied and drafted during the tenure of al-Tayyib Ibrahim Muhammad Khayr, when he was minister of presidential affairs. These laws stipulate that no specialist, technician, or nurse subordinate to the Health Ministry shall work in any private organizations during official office hours or on-duty hours, and that no new graduate shall work until two years after his graduation.

[al-Kibar] What about medical bills?

[Qasamallah] No law fixes prices for treatment in private hospitals based on differences with respect to specialty, expertise, and disease. Therefore, it is not possible to establish a legal regulation that fixes prices.

[al-Kibar] Can we attribute the high cost of medical treatment in private organizations to the low level of service in public hospitals?

[Qasamallah] Yes, private organizations are distinguished by their advanced capabilities. This is reflected in the high price of medical treatment in private organizations. In this regard, the ministry, based on its desire for the health and comfort of citizens, has established 410 economic medical treatment centers and social solidarity pharmacies. Also, Khartoum Hospital's southern department undertakes care of several private medical treatment organizations.

[al-Kibar] What assistance does the ministry provide?

[Qasamallah] None at present. However, after the operation of each private medical organization has been evaluated and studied, we can provide every assistance according to each organization's need.

[al-Kibar] Are there guidelines that the citizen can follow to avoid wasting money?

[Qasamallah] As I have said before, we will not hesitate to inflict the most deterring punishments on anyone who acts fraudulently regarding the health of citizens. We also warn citizens who use private organizations to make sure that a price list is displayed in each private organization. They should also check the purity of the blood used in transfusions and the agency with which the organization deals to avoid infection with the AIDS virus or viral hepatitis. Anyone whose health is damaged should immediately inform the responsible agencies in the ministry.

[al-Kibar] Do you expect private organizations to develop health activity in the country?

[Qasamallah] We recognize the pioneering role that private treatment organizations play. We encourage them to expand their activity, and we expect them to play an active role in health development in the region.

[al-Kibar] Could you comment on the establishment of a federation for owners of private organizations?

[Qasamallah] We do not oppose the establishment of a federation. It would greatly facilitate matters for us, because we could work with it as an integrated body in conducting a dialogue and implementing the ministry's future plans.

### One Billion Pounds Allocated To Medicinal Drugs

93WE0534A Khartoum AL-INQAZ AL-WATANI  
in Arabic 17 Jul 93 p 1

[Unattributed article: "Comprehensive Plan to Enhance Medical and Remedial Functions"]

[Text] Federal Minister of Health, Lieutenant General Galwak Deng, announced that the Ministry of Health has allocated more than 400 million pounds for the qualification of health organizations in the new year's budget. He informed AL-INQAZ AL-WATANI that his ministry endeavored to reduce the number of patients seeking treatment abroad by means of providing hospitals with the necessary equipment, instruments and medical specialists, the support of charitable institutions' work in the medical and remedial fields, and the promotion of protocols and investments with friendly and brotherly states for work and investment in the areas mentioned.

He added that 100,000 pounds were allocated for installation of immunization equipment in the provinces, 9 million pounds for the upgrade of midwifery schools throughout the country, 1.25 million pounds for medical immunologist specialist training, in addition to UNICEF'S support of immunization, estimated at \$40,000.

The health minister said that more than 1 billion pounds were allocated for management of the provision of medicinal drugs, and called upon the Ministry of Finance and the Bank of Sudan to facilitate the approval for medicines by way of the foreign currencies approved for such.

At the same time, Dr. Husayn 'Abd-al-Wahab, director of the pharmacology department, Ministry of Health, described the medicinal drug situation as adequate, and called upon concerned authorities to grant medicinal drugs the priority now accorded energy, fuel, means of production, and other vital elements within the foreign currency schedule in order to ensure the provision of medicines to citizens.

The health minister noted that medical personnel were redistributed in the effort to thoroughly cover all of Sudan's provinces. He said that percentages of personnel were raised from 67 percent to 76 percent in the Eastern Province, from 69 percent to 72 percent in the Northern Province, from 57 percent to 70 percent in Darfur, from 80 percent to 87 percent in the Central Province, and from 60 percent to 64 percent in Kurdufan.

The minister said that, in the context of comprehensive national planning, the ministry had established an ambitious plan to upgrade and develop the medical and remedial functions. A national medicinal drug factory, under the authority of Medical Provisions, will be established and supplied with the equipment and personnel necessary to manufacture medicines. This, in addition to the establishment of the Sudanese Pharmaceuticals Factory, for which the feasibility study has been completed, granted public authority for investment certification and registered and allotted a parcel of land.

He added that during the current year, the Sudanese Chinese Friendship Hospital, with 17 specialized units, will be established at Umm Durman, in addition to the Turkish Hospital in Khartoum (al-Kalakilah), on which work will begin in the coming days.

### New Clinic Opens North of Khartoum

93WE0435A Khartoum AL-SUDAN AL-HADITH  
in Arabic 19 May 93 p 4

[Unattributed article: "Al-Hikmah Clinic in North Khartoum"]

[Text] In the context of alleviating the burden on civil servants, being a recommendation of the Conference on Union Debate, the (RTA) [Riverine Transport Authority] has considered establishing a clinic to provide health care to RTA employees and Khartoum City residents. Thus, al-Hikmah Clinic was established as an extension of al-Hikmah Health and Social Care clinics. Dr. Magdi talked to "Medicine & Sciences" about this medical edifice.

### The Start

The clinic was inaugurated on the 21st of last April, by commission of the Islamic Relief Agency in cooperation with the People's Authority for Integration and Urbanization and the RTA. As an al-Hikmah clinic, its services underscore the notion of joint-responsibility, economic treatment. The al-Hikmah organization assumed the costs, with the RTA sharing in the costs of buildings and their maintenance to the tune of 1 billion, 600,000 Sudanese pounds (SP). Equipment and machinery have been furnished at a cost of SP2 billion, 850,000, and medications and solutions for SP350,000.

The clinic, with a capacity of eight beds, has been established on two phases: In Phase 1, the general clinic, dentistry, laboratory, pharmacy and immunization departments were completed. Phase 2 will see the inauguration to the general public of all remaining specializations, including internal medicine, surgery, gynecology, obstetrics, pediatrics, skin diseases, sexually transmitted diseases, and X-rays.



### What Comes Next?

In this its first phase, the clinic is completely equipped to receive patients through the general clinic, which functions day and night with nominal fees, in view of the fact that specialists receive SP150 while general practitioners are paid a mere SP50.

The laboratory is also equipped with all necessary equipment and apparatuses to perform all manner of laboratory tests. The dental room features a special laboratory, and two dentists are employed there. The clinic has eight beds to handle emergency cases.

The immunization department is currently involved in the nonstop administration of immunizations to children for the countering of the six diseases of childhood and tetanus in child bearers. The clinic operates in accordance with the health card, whose benefits employees and their families are entitled to in conformity with established terms up until retirement age. The card is now in the printing stage. An employee medical form containing essential data through which follow-up care is given has been activated. This does not imply that the clinic restricts its services to employees; on the contrary, all residents of northern Khartoum enjoy unconditional access to its services. A people's clinic preceded this clinic. Of all of this is an attempt to provide health care to employees and citizens.

## Yemen

### Ghanim Discusses Plans to Remedy Health Problems

93WE0521A Sanaa AL-ISLAH in Arabic 5 Jul 93 p 3

[Interview with Dr. Najib Ghanim, minister of public health, by Said Thabit Said; place and date not given]

[Text] He captivates you by his character and his mildness. Sitting with him you know you are before a man who is burdened by the concerns of a ministry upon which the dust of corruption, neglect, and inflation has been piled. But you are surprised that he carries a strong determination to put an end to it through the power of confronting all these negative things. He clings to a hope for cooperation of the ministries connected with his ministry and, likewise, all of the workers in the health profession.

The Dr. Najib that the community of Sanaa knows is a capable teacher in the College of Medicine.

AL-ISLAH met and had a candid dialogue with him. His answers were very clear and frank, indicating the sincerity of the man and his transparency.

[AL-ISLAH] Can you speak to us about the health situation in its totality at the present time?

[Dr. Najib] We are now busy with a rearrangement and reassessment of health practices in their totality so that

the mechanics of process and reality are sufficient to enable us to invest through them all earnest capabilities to guarantee the offering of health services to all citizens in every location, and to guarantee the increase of all the ways and means of preventing disease and epidemics that may spread throughout the country.

There are of course good things that have been achieved in the past, as there are failures of which the health situation bears the stamp. We now come to the Ministry—and believe these words—a lot of suspended problems faced us, just as the problem of the spreading of the dysentery and cholera epidemic, which actually started in 1990 in the Qashn al-Mahrah [name as published] region, faced us. It was necessary to put in place a group of steps to block this epidemic. And we can say that we came close to blocking the wave of this epidemic.

This took a lot of effort. There is no doubt that we are also interested in the managerial and medical practices that we recognize are surrounded by a lot of negativity. Because of this, it is necessary to set priorities for putting into action, developing, and improving the performance of the Ministry in the domain of service to citizens healthwise and in terms of prevention, whether it be in the city or the rural areas.

[AL-ISLAH] What is the way to handle the decline, whether on the financial level or the managerial level?

[Dr. Najib] There are some difficulties that the Ministry is confronting, which I think it needs to get past and take action to modernize and develop. They are the financial and managerial procedures. There is a group of managerial routines that hinder the accomplishment of a lot of tasks and projects. It is necessary to take another look at this routine and modernize it. We have contacted some of the experts in the managerial sciences at the University of Sanaa, and they are now occupied with handling the subject of management and are drafting ideas guaranteeing the development of managerial performance at the Ministry's council level and at the level of its offices in the governorates and the health facilities in the Republic.

What applies to the managerial side applies to the financial side, in that there are experts on financial issues at the University of Sanaa from whom we requested the drafting of ideas on a process for handling the financial problem. We are approaching orderly implementation of the development and abridgement of the financial and managerial performance [of tasks] in a more effective and comprehensive way, so that many procedures will be shortened.

We realize that there is financial and managerial corruption in the Ministry, rather in every ministry and facility. And there is no doubt that amelioration of the corruption must first start from faith in the principle of setting an example. For the minister or the general director or any person in a position of responsibility needs to realize that the execution of any error will produce that which follows it, for the same action will be undertaken. Thus,



the showing of the good example is necessary and the deep-rooted belief that it all will smite the evil of corruption. Thus, the betterment of ourselves and the awakening of religious restraint in the emotional life of every employee and person in a position of responsibility is up to us.

[AL-ISLAH] I know that you have a great ambition to set the path straight and ameliorate the situation in the Ministry, but there are obstacles that will confront you. So, can you speak openly on public opinion about these obstacles?

[Dr. Najib] There is no doubt that we are facing and will face hindrances and obstacles in our way and, in my view, the most important hindrance that we are facing is human resources. We therefore want to make the human resources qualified again and improve and put into action the financial and managerial resources in a correct manner. For the qualification of human resources is the road towards their possession of the tools through which they accomplish the most positive tasks in the performance of the duties they are entrusted with. Also, there is a plan for reformulation of regulations and systems so as to make them more flexible and more able to take in those human resources so they are proportionate to the size of the challenges we are facing.

[AL-ISLAH] Medicine is a service to those in need, but we are finding that apparently it is being transformed into a weapon that merchants do business with. Question: What are the future plans for handling this phenomenon?

[Dr. Najib] We have basic considerations for handling this problem so as to offer an effective policy. A few hours ago, we were in a meeting with the specialists on this issue and, God willing, we will strive earnestly to get medicine out to everyone in need at acceptable, reasonable prices, and also medicines subject to health supervisory control. Concerning hospitals, we are now busy in a sound and acceptable way with a reassessment of the situation of the lack of medicine in the hospitals. We have well-defined procedures for handling this phenomenon in its totality that you will know about soon.

[AL-ISLAH] There are a number of ministries connected with your Ministry. What are these ministries? And have you prepared an idea for putting into action mutual agreement and cooperation between you and these ministries?

[Dr. Najib] The ministries that we are wholly linked to are the Ministry of Finance, Ministry of Electricity, Ministry of Water, Ministry of Supply, and Ministry of Trade. We are striving now to crystallize a kind of mutual agreement in a way that these ministries' performance will be of service to the rank of managerial and service work.

I believe that the brethren in the ministries are coming to understand our position, and they also are carrying out a

path of integration for the sake of bringing about balanced relations leading to the acceleration of services.

[AL-ISLAH] Dr. Najib. The citizens have doubts about the absence of health control over medicines, clinics, and hospitals, and the doctors and nurses are crying out about their jobs. Is there control? And do you intend to furnish effective control?

[Dr. Najib] I recognize that until now we haven't found health control in the usual sense, and health supervision is not in effect in the Ministry. We have steps that we calculate will lead to the strengthening of health control in the rural areas and the city. We also are aiming at the establishment of supervisory organizations for holding negligent people in any health facility responsible [for their actions].

[AL-ISLAH] Why didn't you open some of the hospitals that you built years ago—the Republic Hospital of Sanaa, for example? And will you keep it that way during the coming period?

[Dr. Najib] There are a lot of hospitals unopened even now, like the Republic Hospital of Sanaa and Aden Hospital and Hijja Hospital. And in more than one governorate, there is more than one hospital that hasn't been opened, because there is a group of difficulties that relate to supply and policies. We have been promised cooperation for the opening of these hospitals. The implementation of assistance and loans is also on its way and this takes time. I believe that, during the coming period, which may not exceed one year, we want to open a fair number of these hospitals, and the rest we want—God willing—to open as soon as possible.

[AL-ISLAH] You carried out academic work at the University and now you are practicing ministerial "managerial" work. What's the difference between the two?

[Dr. Najib] The academic work that we lived and became accustomed to finds an echo in ourselves. We don't know a lot about the managerial work in the ministries, and you know that for the first time we are participating in the government. But, we are striving to grasp the tasks and the regulations of the managerial and ministerial systems and the methods and requirements of this work. There are a lot of concerns and problems, a large portion of which are actually of the making of the individuals here. We have great hope of getting past them and beginning to correct all the twisted situations in the Ministry, God willing.

[AL-ISLAH] What are the most important principal considerations for the improvement of the performance of the Ministry that you are striving to implement in the future?

[Dr. Najib] We set down five considerations for the work of the Ministry with the goal that the future be better. These considerations are:

1. Requalifying the medical and health cadre of doctors and pharmacists and specialists in nursing the sick. We

have programs destined for requalifying them to the highest degree after the university degree. We will establish a center specializing in this matter.

2. Restoration of health services in the rural areas through completion of the groundwork for health, medical, and preventive services. With regard to the cities, we are paying attention to correcting the situation through implementation of a group of procedures in this area.

3. Putting into action the role of maintenance, since several billion dollars worth of equipment is inoperative in the hospitals. In addition to the maintenance that will

take a large portion of our attention, there is the establishment of a maintenance workshop in various governorates and preparation, furnishment, and use of machines and inactive or inoperative equipment. We also are thinking of establishing mobile workshops traveling through the governorates for inspection of the medical equipment in the various hospitals and clinics.

4. Amelioration and modernization of the managerial and financial performance in all of the health offices of the Republic and in the council of the Ministry. We will look for suitable tools for the development of this matter.

5. Stimulation of canals of cooperation with the brothers and friends in the sphere of health services.

**Nordic Countries Join in Fighting Diabetes**

93WE0555C Helsinki HELSINGIN SANOMAT  
in Finnish 21 Aug 93 p 9

[Unattributed article: "Joint Project Develops Diabetes Treatment in Baltic Countries"]

[Text] Tampere—The treatment of diabetes in the Baltic countries is beginning to be developed through a project in which each Baltic country has its own area of research in cooperation with one of the Nordic countries. Lithuania and Denmark have progressed the farthest so far. Cooperation between Finland and Estonia has gotten off to a good start. The subprojects were reported on in Tampere on Friday [20 August] at a conference of the Nordic and Baltic diabetes associations.

According to Kirsten Staehr Johansen, the project director at the European office of the World Health Organization (WHO), the advantage of the so-called twinning program is that the experts of those countries farthest advanced in the treatment of diabetes are the ones who plan and supervise how appropriations are to be used.

Finland's and Estonia's diabetes associations have been cooperating for years. This fall Finnish-Estonian twinning cooperation will be set in motion when the two countries begin to make use of a 290,000-markka aid subsidy granted by Sweden. Sweden gave the funds to Estonia instead of Latvia because Latvia is not yet sufficiently prepared to make good use of that sum of money.

**Russia****Hospital Reflects Worsening Health Conditions in Karelia**

93WE0552A Helsinki HELSINGIN SANOMAT  
in Finnish 23 Aug 93 p 5

[Article by Jaakko Pihlaja: "Karelian Hospital's Struggle"]

[Text] Worsening health conditions among the population of Russian Karelia have given rise to some concern. The people of Pitkaranta, with their unbalanced diet, are falling ill more frequently. And as there is a shortage of medical supplies and medicines, mortality rates have clearly increased during the last few years.

Cooperation with health officials of the Republic of Karelia that resulted from the North Karelia Project, and the health study conducted in Pitkaranta, have led to relief projects that have helped the hospital cope with the worst crisis. The people of Pitkaranta intend to develop their health care system, for example, for the use of the Karelians, based on the Finnish model, but first they must take care of some basic problems.

From a Western perspective, one could criticize the condition of the Pitkaranta hospital building, but the inside spaces are functional and they are sufficient. An expansion wing on the hospital was completed a few years ago.

**Difficult Laundry Situation**

The biggest problem facing the hospital today is getting its laundry washed. Transporting the laundry to Sortavala, and having it washed there, is becoming expensive. The hospital's own laundry room is still waiting for washers and dryers, which have not been bought yet because of the 600-percent Russian duties.

Chief Physician Mihail Uhanov noted that it would be easier for him to list what the hospital has than try to tell us what is lacking. The drug situation is getting continually worse in Karelian hospitals. There is a shortage of items, which from a Finnish perspective is almost ridiculous, such as latex gloves. The main reason for this is the price increase resulting from the extremely high inflation. There is not enough money to buy supplies, and some things cannot even be purchased for money.

"People start to feel bad when they don't have enough money to live, and they cannot feed their children properly. We had enough patients before. Now mortality is up and nativity is down. That really tells us that things are bad," said Uhanov.

Uhanov lights a cigarette together with laboratory physician Nina Moisejeva and comments with a grimace: "Life is so hard that we can't even quit smoking!"

The size of the population within the hospital district is 28,000 and, in addition to the central hospital, there are three other hospitals. The hospitals are located in Salmi, Laskela, and Harlu. There are also 14 medical centers located in the villages and the factories have their own health centers. The central hospital has 260 beds. It employs 70 physicians and 500 other medical personnel.

**Skillful Physicians**

According to Uhanov, Pitkaranta Hospital is able to provide care for the patients, although there is a shortage of, for instance, instruments. He praised the medical skills of his physicians. Even difficult operations are performed at the hospital, and only the most critical cancer, coronary, and pulmonary patients are sent to Petroskoi; about 60 to 70 cases each year.

**Help From Kuopio and North Karelia**

An icon, with signatures of the givers from the sister city of Kuopio, stands on one of Uhanov's shelves. The givers ask for blessings for the development of the hospital. Uhanov is grateful for the relationship with Finnish medical personnel and organizations, which have extended valuable support to the hospital.

Pitkaranta has received from Kuopio University laboratory equipment and a dental care unit in good working

condition, which the manufacturer himself installed in the polyclinic. The donation of medical equipment and supplies from the Kuopio University Central Hospital has helped Pitkaranta Hospital to weather the worst crisis. A decision was recently made at the Savo Medical Fair to continue the cooperation.

Clothes collected by the Finnish Housewives' Association in North Karelia and baby care packages donated by Finnish health care workers have been greatly appreciated gifts among the patients. Young mothers have received practical childrens' wear and basic supplies of child care products.

#### Information and Health Care Education

Health care worker Eeva-Liisa Urjanheimo from the North Karelia Project promised that practical aid would continue but in the future greater emphasis will be put on guidance and health care education in order to change people's attitudes.

The pediatrician's visit to Finland has already resulted in newborn babies being brought to stay with their mothers in the maternity ward at an earlier stage than was earlier customary. The hospital is trying to introduce birthing and family training, and new mothers are receiving information about breast feeding.

Health education is being considered for school curriculums. For next winter a youth study is planned, if only the funding can be arranged.

"We have tried not to let the money issue discourage us, and we are trying to realize the programs in any way possible," is Urjanheimo's description of the interest in being of help.

#### Currants for Vitamin C Deficiency

The joint study conducted by the North Karelia Project and the Finnish Berry Project showed that in the winter, a large part of the population suffers from a serious vitamin C deficiency, which manifests itself in the form of scurvy symptoms. In the fall, currant shrubs will be taken to Pitkaranta with the intent of initiating berry farming by next summer in order to improve the area's general nutritional standard.

Kuopio University is preparing a extensive dental study of the population in the area. According to Uhanov, they will have their work cut out for them.

In February, Karelia's health problems as a whole will be subject to scrutiny in connection with the Second Karelian Medical Conference in Pitkaranta.

#### Draft Law to Protect Russia Against Infectious Diseases

934E1362A Moscow IZVESTIYA in Russian 16 Sep 93  
p 2

[Report by L. Ivchenko, IZVESTIYA correspondent: "Cholera Cordon"]

**A draft law "On the Protection of the Territory of the Russian Federation from the Importation and Spread of Especially Dangerous Infectious Diseases of Humans, Animals, and Plants, as Well as Toxic Substances."**

The need for this type of document (in the preparation of which eight ministries and departments participated) arose due to many reasons, including the current sanitary-epidemiologic situation in the world. According to data from the World Health Organization, since 1990 the seventh cholera pandemic has intensified abruptly: in the last year alone, more than half a million cases of cholera infection have been registered in 52 countries, including countries contiguous with Russia. This year we have already registered 17 cases of "imported" cholera. And it can cost as much as 3 million rubles [R] to deal with the consequences of each case. The situation is made worse by our own specific circumstances—the "transparency" of our borders, increasingly active travel back and forth, the huge masses of refugees, including foreign refugees, and the flows of humanitarian food aid, which frequently do not meet either international or national standards. All this has necessitated systematic state undertakings directed at averting the import of dangerous infections and toxic substances.

"Russia has a rich tradition of protecting its territories from the spread of dangerous diseases," says G. Onishchenko, deputy chairman of the Russian State Sanitary-Epidemic Committee. "Suffice it to recall the edicts of Tsar Aleksei Mikhailovich directly concerning the sanitary defense of our borders, when sanitary cordons were established during an epidemic. Violation of his edicts entailed punishment, up to and including capital punishment, in particular, for entering the capital from locales of the 'pestilence'—the plague. Right now we are living in a disintegrated state and cannot even monitor the active Caspian center of the plague—the Kazakh side will not give us permission. At the same time, this natural center, which the Astrakhan anti-plague station has traditionally observed, is much closer to Russia; the inhabitants of Kazakhstan live much farther from this center than do the Astrakhans. After all, every year more than 1200 cases of plague are registered in the world, and we have had them here as well, on the territory of the former USSR. So that legislative measures that allow us to safeguard Russians are extremely necessary. For example, upon the appearance in territories contiguous with Russia of epidemiologic manifestations, including among animals, temporary restrictions shall be introduced on economic and other activity in dangerous close-lying districts, as shall a prohibition against crossing the border. A specific aspect of the law is the

article that provides for the protection of the health of citizens traveling to countries where infections are bad. They will have to undergo specific preventive treatment."

The global task of protecting our borders cannot be resolved without improving the sanitary-epidemic, veterinary, and phyto-sanitary services, their material and technical provision, the creation of an automated information system, and so on. For this purpose, a decision of the government has provided for a Federal Program for the years 1994-97.

### **Socioeconomic Causes Blamed for Syphilis, Gonorrhea Surge**

PM1709094793 Moscow *KRASNAYA ZVEZDA*  
in Russian 11 Sep 93 p 8

[Mikhail Karpov report: "Not by AIDS alone..."]

[Text] "The most important health-care problems at the present time are not determined by AIDS alone"—this is the opinion of Yuriy Skripkin, Russian Academy of Medical Sciences academician and director of the Central Dermatological and Venereological Institute, which he expressed in an interview with an ITAR-TASS correspondent. The increased incidence of sexually transmitted diseases poses a very major threat.

Over the last three years the number of cases of syphilis in Russia has tripled, now totaling 13.3 people in every 100,000. More than 20,000 new cases emerge each year and about 60,000 remain on the register following treatment. And the number of gonorrhea cases has almost doubled over this period, yielding more than 250,000 new patients annually.

Specialists note that at the present time the main reasons for the increased incidence of sexually transmitted diseases are not medical but purely socioeconomic. They include the sharp increase in population migration and the number of vagrants, the drastic deterioration in the sanitation and hygiene situation, and the impoverishment of certain social groups.

### **Taxation of Sanatorium Protested**

93WE0276G Moscow *SOVETSKAYA ROSSIYA*  
in Russian 8 Dec 92 p 2

[Article by V. Nelyubin, general director of the Sanatorium-Health Resort Association, Russian Federation of Independent Operators: "Whose Sanatorium Is It Now?"]

[Text] The collective of the sanatorium-health resort complex of trade unions is addressing the Seventh Congress of People's Deputies of the Russian Federation with alarm and concern for the fate of the health treatment system for the people of Russia, a system unique on a world scale. Here the health of 6 million Russians is restored yearly, a third of this number being children.

But today this health smithy of Russians has been purposely brought to the brink of decay, burdened with bankruptcy. We could not find any explanations as to why the sanatoria of the trade unions did not know about the sins of exorbitant taxes on the land, property and profit. The communal services offered are limitless. Today almost half of the cost of the trade union vouchers is due to taxes, which makes them inaccessible to private workers.

At the same time, the elite sanatoria operated by governments, ministries, and departments are not taxed. Moreover, they get large budget subsidies.

It is bitter to recognize that there has been a flagrant, unlawful tendency for the government and all-possible social agencies to seize the sanatoria of the trade unions, which are a collective entity.

For the unique sanatorium complex that belongs to all the people, we are asking for protection from random unlawfulness and for an exemption for the complex from the exorbitant taxes; instead, we are asking to put obstacles in the way of those that wish to deprive children, workers, and veterans of the hope to correct their health in places created by both God and the people of these areas—in temples of health erected for the entire world.

Since the time for rescuing the sanatorium complex of the trade unions is numbered not in months, but in days, the 150,000-strong collective is asking for rapid intervention and assistance.

By instruction of the collectives of sanatoria, V. Nelyubin, general director of the Sanatorium-Health Resort Association, Russian Federation of Independent Operators

### **Urals River Polluted With Oil After Train Crash**

PM3108105993 Moscow *Ostankino Television First Channel Network* in Russian 1700 GMT 27 Aug 93

[From the "Novosti" newscast: Video report from Kungur city in the Urals by Yevgeniya Koptelova, Pavel Fadeyev, and Aleksandr Filippov, identified by caption]

[Excerpt] Friday, 13 August, really was a fatal day for Kungur. Owing to a faulty coupling, 16 tankers carrying heating oil were derailed near Kamay station. Two of the tankers were fractured on impact and heating oil poured into the river. Railroad workers immediately got down to eliminating the consequences of the accident. They did not have time to think about the river. Railroad traffic had to be restored as quickly as possible. Ecology was not on their mind. During track clearance, heating oil from the other tankers also flowed down the picturesque slopes and ended up in the Sylva river. The city was without water for a week. The water supply has now been restored, but it is fit only for industrial purposes. Doctors are expecting an increase in liver and kidney complaints. Wildlife experts report that minks, otters,



beavers, and muskrats are dying. And the people? People are once again feeling unprotected from their own slovenliness and carelessness.

#### Activities of Executive Branch Recorded

PM1808131593 Moscow ROSSIYSKIYE VESTI  
in Russian 17 Aug 93 p 1

[Unattributed "Executive Branch: Monitoring" feature]  
[Excerpts]

#### Conferences

PM1808131793

[Text] As is known, the Congress of People's Deputies has tried time and again to abolish the institution of the head of state's representation in the provinces. Time and again the president has used edicts to consolidate and broaden its status. A similar conference was held one year ago in Suzdal.

#### Pronouncements

First vice premier Oleg Lobov met with representatives of local organs of authority in Rostov Oblast. Concern was expressed over the continuing production decline and there were calls for cheap credits. The first vice premier advised them to display greater initiative in seeking investors and to set up joint ventures and transnational companies with the CIS countries. "Credits will go to those who have a clear-cut plan for reforming the economy," Oleg Lobov stressed. The government is fully resolved to switch from macro- to microeconomics. The first vice premier also advised enterprises to enter the foreign arms market themselves, without going through the Oboroneksport Association, and promised them total support in this.

#### Social Protection

The Russian Federation Council of Ministers/Government has issued a decree ruling that badly off citizens will get a grant for bread as of 16 August 1993 out of Russian Federation republic budget funds. Within a week the categories of people to be classed as badly off citizens will be defined, as well as the size of the bread grant for the period from 16 August through 1 October 1993 and for the fourth quarter of this year, and the procedure for paying the grant.

#### Moscow

The Moscow Government will increase as of 1 September subsidies from the city budget for strata of Muscovites without social protection. The increase will be 80 percent on average. An extra payment of 2,025 rubles [R] per month will go to parents of preschool children who attend children's establishments, to single

and nonworking mothers, and mothers with large families. Very needy students will have their stipends increased by R2,709 and scholarships will be increased by R7,740.

#### St. Petersburg

An international symposium "The city of the 21st century: ecology, medicine, economy" opened yesterday at the St. Petersburg Scientific Center of the Russian Academy of Sciences. The symposium was addressed by city mayor Anatoliy Sobchak. In his view, the city's ecological problems must now be viewed in city-oblast terms. St. Petersburg city hall is expecting the symposium to come up with specific decisions that can be put into practice.

#### Rostov-na-Donu

Cases of a dangerous disease, tularemia (moreover, in one of its most serious forms—ulceroglandular), have been recorded in Rostov Oblast, on the territory of the two settlements of Sinyavskoye and Nedvigovka, in the lower reaches of the Don. Some 94 people have been hospitalized. The infection is transmitted by domestic and wild animals, mosquitoes, and blood-sucking flies. Rostov Oblast administration chief Vladimir Chub adopted a decree on preventive measures in the region. Another decree relates to the problems of the city of Aksay, where 150 people have been hospitalized as a result of an outbreak of acute gastrointestinal disease. Some 120 kilometers of pipes in the city's water supply network are totally unfit for use. V. Rezanov, head of the local rayon administration, warned that they are "not functioning properly."

#### Pelarus

#### Childhood Ailments Rise; Thyroid Cancer 'Primary Concern'

WS1709084893 Minsk BELINFORM in Russian  
1600 GMT 15 Sep 93

[Data published by the Sixth Congress of Belarusian Pediatricians]

[Excerpt] [passage omitted] Some 700,000 Belarusian children live in areas polluted with radionuclides. Over recent years, the number of completely healthy children has decreased. In 1986, healthy children constituted 70.7 percent of all children, while in 1990, that figure had dropped to 49.5 percent.

Large numbers of children suffer from respiratory ailments (68.2 percent of all cases), infectious and parasitic diseases (8.3 percent), and diseases of the nervous system and sensory organs (4.8 percent). The number of children with weak eyesight, dull hearing, and speech defects continues to grow. The number of handicapped children has increased 47.5 percent in small children and 52.5 percent in schoolchildren.

However, thyroid cancer has become the primary concern of Belarusian doctors. While 21 children with that diagnosis underwent surgical treatment between 1966 and 1985, in the years 1986-1992 that number had reached 127, with 72 of them being residents of Gomel Oblast.

### Kazakhstan

#### Theft of Medicines by Pharmaceutical Workers

93WE0276H Alma-Ata KARAVAN in Russian  
23 Oct 92 p 2

[Article: "Pharmaceutical Workers Can Also Steal. While There Is Something"; first paragraph is KARAVAN introduction]

[Text] In Kustanay Oblast, facts reveal that medicines have been stolen at the oblast association Farmatsiya.

The criminal pharmaceutical workers used revaluation of the medicines. They conducted their operation at the expense of the Komsomol Rayon Pharmacy, which during the change between prices received less than the allotted amount of medicines, to the tune of more than 5,000 rubles. The pharmaceutical workers hoarded the concoctions for themselves at the old price.

#### Thirty-Percent Increase in Oncological Disease in Akmol

93WE0276L Alma-Ata KAZAKHSTANSKAYA  
PRAVDA in Russian 26 Dec 92 p 4

[Article by Sergey Nesterenko: "Exhibit of Fear in Akmol"]

[Text] A lamb with eight limbs, a chick with three and four legs, a two-headed piglet, ugly young—all these horrifying exhibits can be seen at the Akmolinsk Oblast Historical Regional Museum, where these days there is the exhibit "Nature: To Be or Not To Be?"

For now the answer to this question is negative. In any case, after visiting the exhibits you learn that the average life span in the oblast is only 59 years, or for example, that from 1981 through 1988 mortality from oncological diseases increased by almost 30 percent.

Along with the prepared mutants shown by the local oncology institute, a number of photographs have been collected for the exhibit, documentary proof indicating the deleterious effect of man on nature.

#### Radiation-Exposed Veterans Organize

93WE0276K Alma-Ata KAZAKHSTANSKAYA  
PRAVDA in Russian 26 Dec 92 p 4

[Article by Aleksandr Zagribelnyy: "High Risk Veterans"]

[Text] In August 1968 at a test site 120 km from Semipalatinsk there was a launch from the rocket site, but the atomic bomb exploded below the projected altitude. The radiation level jumped considerably...

Melgiz Alkenovich Metov was then serving in a group that was measuring the electromagnetic radiation, and he had to pass through the epicenter of the explosion several times. He was discharged without instructions from the military unit where he served, and also asked to sign a statement that he would not divulge a government secret.

After several years his disease caught up to him. But try to prove something... It became possible only in 1990, after the showing of the film "Test Site", where they showed his own military unit No. 52605, the melted bunkers, the destroyed buildings, the mutilated equipment...

Metov petitioned the military committee, the Supreme Soviet, the President's cabinet—no one could help him. He corresponded with other participants of these events. Thus, the organized committee of veterans at high risk was born. They are now drafting a bill about the Semipalatinsk Test Site, but unfortunately, the servicemen are not even mentioned in it. Only the consolidation of the efforts of those involved in those terrible tests can help the matter, says Melgiz Alkenovich. The address of the organized committee: 480012, Alma-Ata, Ul. Vinogradova, d. 85. Telephone 42-37-86.

### Tajikistan

#### WHO Representative Notes Country's Poor Medical Awareness

AU1009070793 Kiev HOLOS UKRAYINY in Ukrainian  
8 Sep 93 p 5

[Yuriy Kushko report: "It Is Easier To Combat Diseases Than Traditions"—first paragraph published in bold-face]

[Text] "Epidemics of typhoid fever, malaria, tuberculosis, and other diseases may break out in Tajikistan," stated Professor L. Ivanov, representative of the European Regional Bureau of the World Health Organization [WHO], at a recent briefing in the UN mission in Tajikistan.

Having assessed the situation, WHO experts developed a plan for distributing the medicines that arrive through the UN humanitarian aid program.

"The United Nations is doing everything it can to help Tajikistan," said L. Bota, head of the UN mission.

"The problems of the young state were discussed at a meeting of the Security Council, and at the initiative of Secretary General B. Ghali, his special representative Mr. Kitani will soon arrive here."

Well, perhaps, with the help of the world community, the republic will be able to avoid mass epidemics. However, there are more than enough problems associated with health protection. One of them is the problem of protection of childhood and motherhood.

"The mortality rate among infants reaches 40 per 1,000 births and among mothers—more than 100 per 1,000," shares Ivanov. "Up to 60 percent of women in Tajikistan are deprived of medical guidance during pregnancy...."

At the same time, the professor had to admit that the experience of many years that has been accumulated by WHO in Muslim countries indicates that all attempts to introduce the culture of family planning and all intentions to persuade the population to use contraceptive devices produced no results.

### Ukraine

#### Statistics Show Children's High Mortality, Poor Health

AU3009174693 Kiev HOLOS UKRAYINY in Ukrainian  
29 Sep 93 p 4

[Unattributed report: "Children of Ukraine: SOS!"]

[Text] If, today, the children of Ukraine are its future, then our future is not so encouraging.... This conclusion could be drawn from statistical data that were quoted during the work of the All-Ukrainian Scientific and Practical Conference "Children of Ukraine," that was held yesterday [28 September] at the Kiev Drahomanov Pedagogic University. In 1990, the mortality rate among the newborn (the quantity of deaths per every 1,000 infants) in Ukraine amounted to 12.9, in 1992—13.9, and today this index is among the highest in the CIS. Among graduates of high schools, only 20 percent of children are conditionally healthy, and in institutions of higher learning, this figure is even more distressing.... It is necessary to elaborate a number of legal and legislative acts aimed at protecting and improving the health of children and mothers—these and other proposals were sounded in speeches by Minister of Education P. Talanchuk, people's deputy V. Yeshchenko, teachers, and scientists. It is planned to dedicate the year 1994 in Ukraine to the family.

#### Suspected 1988 Missile Fuel Spill Causes Health Problems

WS2909151993 Kiev KHRESHCHATYK in Ukrainian  
24 Sep 93 p 7

[Interview with Viktor Halushchak, member of the Committee for Social Protection of Chernivtsi Tragedy Victims, by Valeriy Novosvitniy: "Chernivtsi: The Ecological Disaster Continues"]

[Excerpts] [Novosvitniy] What made you launch your own investigation into the causes of the tragedy?

[Halushchak] In 1988, when children started to grow bald, a parents committee was formed, and was later reinforced with scientists and journalists. We noticed at the very start that the Chernivtsi events were covered with mystery and that the official organs were not interested in unveiling the truth. From the beginning, we maintained the "missile" version and later, we received a confirmation: One of the military units at the end of July and the beginning of August 1988 was shipping missile fuel and an accident occurred in the Chernivtsi area: Some fuel was spilled. We even know the number of the unit. We also know that the military command of the former Soviet Union demanded that the local authorities evacuate the residents, and permit decontamination of top soil, however not without the participation of the Republic's leaders. The generals were persuaded not to cause a panic. [passage omitted]

[Novosvitniy] How do the latest discoveries of Lvov scientists substantiate the missile version?

[Halushchak] This version was disregarded by all the official commissions, that were maintaining their own version—that of thallium contamination.

We have managed to find out that the unknown disease has had three stages. The first stage that occurred in August-December 1988 was accompanied by total hair loss, and the beginning of acute malfunctions of a respiratory and mental nature. In the period between December 1988 and April 1989, there were symptoms of partial baldness, mental disorders, and different levels of intoxication. The third phase which is still continuing is associated with partial baldness and the functional disorders of different organs. Specialists are concerned that in comparison to 1988 there has been an abrupt increase in gastroenterologic, endocrinologic, and mental problems in children.

Scientists at the Lvov Institute of Pediatrics, Obstetrics, and Congenital Pathologies believe that an ecological disaster occurred in Chernivtsi and its aftermath will be felt by future generations. Scientists discovered that the hazardous factor is of combined nature—both heavy metals and radiation are affecting the local residents. The contamination factor continues to distort the genetic structure of embryos—there were twice as many cases of this kind in 1992 than in 1991. Many residents in the region have mutated genes and their descendants will be mutants. In addition, scientists are afraid that Chernivtsi residents may soon witness oncologic diseases. [passage omitted]

#### Commission Finds 'Anti-Radiation' Mineral Water

AU1908172293 Kiev HOLOS UKRAYINY in Ukrainian  
17 Aug 93 p 4

[Unattributed report: "Anti-Radiation Water"]

[Text] A special commission of Ukraine's Academy of Sciences has revealed new curative properties in the

mineral water whose abundant reserves have been found in Husyatyn (Ternopil Oblast). The Husyatyn water is similar to the Truskavets "Naftusya" water—it has anti-radiation properties. For the first time, the healing liquid will be preserved to enable its transportation over long distances and storage under usual conditions. (endall) rsu21908.04 17 aug rs/dyrek/iz 19/1727z aug wc 82

### **Cabinet Creates Committee To Supervise Medical Industry**

AU0109082693 Kiev HOLOS UKRAYINY in Ukrainian 28 Aug 93 p 6

[Report by the Press Service of Ukraine's Cabinet of Ministers and UKRINFORM: "A New State Committee Has Been Created"]

[Text] In order to improve the state system of management of the medical and microbiological industry, Ukraine's Cabinet of Ministers has decreed the creation of the State Committee for Medical and Microbiological Industry.

This committee will fulfill tasks aimed at improving the provision of the population and the needs of animal husbandry with medicines and medical and veterinary technology; resolving questions of providing the branch with material and technological resources; pursuing a single scientific-technological and investment policy; coordinating the external economic activity in the sphere of medical and microbiological industry, and so on.

The governmental decree specifies a number of measures for the organizational and financial provision of the activity of the committee.

### **Research Center's Unique Technologies, Know-How Reported**

AU2408165793 Kiev URYADOVYY KURYER in Ukrainian 21 Aug 93 p 5

[Unattributed report: "Former Laboratory No. 1 Serves Ukraine"]

[Text] Whereas industrial enterprises survive, although not without difficulties, and expand their production, Ukrainian science, by contrast, does not live, but merely exists. The difficult times have not spared the powerful National Research Center—the "Kharkiv Physico-Technological Institute" [KhPhTI]—former laboratory No. 1, which, in the postwar years, worked on the USSR atomic program. Here, for the first time in the Soviet Union, the atom was split, liquid helium and hydrogen were obtained, and the first radar installation built. It is from here that a new physico-technological trend has developed—vacuum metallurgy.

During his recent trip to Kharkiv, Leonid Kuchma met with the leadership of this scientific institution, familiarized himself with its achievements and problems, and visited its buildings where the quintessence of modern

physico-technological science is represented, in particular, a machine of the future—an accelerator of elementary particles.

The institute has become actively involved in the process of creating Ukraine's scientific and technological complex. New scientific and production links have been established with enterprises in various industries. These links are expected to facilitate the development and manufacture of superconductors and particularly pure, heat-resistant, and corrosion-resistant materials and products with record parameters, as well as the technology of applying coatings for various purposes, vacuum processing, the manufacture of accelerators for the use in the national economy and of related products. The institute can manufacture radio nuclides for medical needs and provide radiation sterilization [radiatsiyna dystylyatsiya] of medical instruments.

For example, KhPhTI scientists have developed fine and superplastic beryllium foil and wire that are not manufactured anywhere else in the world, an ozonizer for producing ozone needed by medicine and the agro-industrial complex, for example, for cleaning vegetables, grain, or water. No other country has such know-how.

The nuclear accelerators that the premier saw at close range are capable of working miracles. They may be used to create superstrength materials, process gems (one German firm is going to sign a contract for processing topazes, which, as a result, changes their color from white to light blue), and to sterilize new syringes.

A new generation of thermonuclear accelerators is undergoing experiments—at higher parameters, at which plasma is held by a magnetic field created by external coils....

Between five and 10 years from now, such an installation will probably create a revolution in the entire electricity engineering field when electricity is produced with the help of the energy of accelerated hydrogen isotopes. The only obstacle is the shortage of capital. Today, the salary earned by the institute's associates is 46,000 [karbovantsi], not to mention the fact that there are no means for paying for the electricity. The only hope rests with the premier, who, as is known, never travels "empty handed," but also never wastes money.

The KhPhTI has been given the role of the main organizer of the Commission for Questions of Nuclear Policy subordinated to the Ukrainian president. Incidentally, taking into account the nationwide significance of the pure and applied work being done by the institute and its international recognition, the Ukrainian presidential edict of 23 June 1993 granted the institution the status of National Research Center.



### Radiation Detected in Flooded Chernobyl Area

AU0408123393 Kiev URYADOVYY KURYER  
in Ukrainian 3 Aug 93 pp 1, 2

[Report by Leonid Samsonenko, URYADOVYY KURYER special correspondent: "The Flooding in Rivne Oblast Claimed Victims"]

[Text]One will hardly envy the premier these days. In addition to the political struggle for the redistribution of power, the ongoing decline in production, the unwinding of the inflation spiral, and everyday worries for the fate of the harvest, the natural disaster in Rivne Oblast has also become a matter for his special concern. The unceasing rains have caused mass flooding of sown areas, hayfields, and pastures, as well as populated areas. For the period between 19 and 24 July alone—which was the highest point of the disaster—as much rain fell as would constitute a norm for one and one-half months. If we take the whole of July, it will be three monthly norms. As a result, 305,000 hectares of land were covered with water.

On 31 July, head of the Ukrainian government Leonid Kuchma visited Rivne Oblast. Immediately upon his arrival at Rivne Airport, he was briefed about the consequences of the natural disaster and measures for their elimination by deputy presidential representative in Rivne Oblast Viktor Kovalenko.

"The disaster was due to the fact that it continually rained throughout July, and then, for one week, there was a cyclone. Just during 19 and 20 July, water levels rose by almost one meter. As testified by meteorologists and old residents, there hasn't been such flooding since 1945. Moreover, there was hail, and the temperature decreased sharply (to between 8 and 10 degrees Centigrade), and the gusts of wind reached between 25 and 30 meters per second. The mass precipitation over a short period of time and the rushing of water from hills, from Khmelnytskyi, Lvov, Volyn, and Zhytomyr Oblasts led to overflowing 'oblast' rivers Horyn, Sluch, and Styr, and to mass flooding. Water loosened the pylons of the electric communication network and the root system of trees, and the strong wind simply felled them. As a result, in many places, radio communication had to be used, as well as messengers. The oblast's northern areas with an extensive system of hydrological structures, amelioration canals, and pumping stations that regulate the water supply could not withstand such a high water table. Floodgates and bridges were torn off by the water. The permanent way could be rescued with great difficulty.

"The situation was also aggravated by the following natural feature. The territory of the majority of the flooded areas—Bereznivskyy, Volodymyrets, Kostopil, Rokytne, Dubrovyskyy, and Sarny—is underlain, very close to the surface, by a basalt deposit that prevents water from being absorbed into the soil.

"As soon as the water rose above the critical level, oblast and rayon emergency commissions were created. Their

main tasks were these: To avoid human casualties and to rescue as much cattle as possible. The majority of people and animals could be evacuated. Unfortunately, about 600 cows, pigs, and sheep perished, because, in the conditions of such a rapid and extensive flood, there was simply nowhere to take them. Some cows generally managed to swim to dry land, but the animals in Polissya are used to this.

"There also are casualties among people. Two children and two adults perished. Some people drowned and some were killed by the broken high-voltage line, despite the fact that the population had been cautioned against it all the time on the radio and through the press."

It is clear that the extreme situation required extraordinary measures. According to Viktor Kovalenko, they were mainly directed at restoring lines of electric power supply and communication, as well as roads. Troops and civil defense units were ready to evacuate the population. This meant 145 populated areas! However, people managed to do this on their own. Special brigades were created for restoring the structures damaged by the elements.

A complex of measures was also prepared for restoring normal life of those affected by the disaster. In particular, this concerned the provision of the cattle with fodder, because practically everything was lost where there was water. The oblast, on its own, is supplying people with foodstuffs and basic commodities. However, the residents of Polissya will hardly be able to cope with the calamity on their own.

Leonid Kuchma could see for himself that what was said was true. He flew on a helicopter over the flooded rayons and visited, in particular, the collective farm "Mayak" in Dubrovyskyy Rayon, Stare Selo in Rokytne Rayon, and the state farm "Tuchynskyy" in Hoshchanskyy Rayon. The premier was deeply impressed by what he saw and heard.

He spoke about this at the conference that was specially convened in Rivne. It was attended by Minister of Finance Hryhoriy Pyatachenko, first deputy minister of the economy Valentyn Popov, chairmen of state committees for material resources and for oil and gas Anatoliy Minchenko and Mykhaylo Kovalko, Ukrainian presidential representatives in Volyn, Zhytomyr, Lvov, and Khmelnytskyi oblasts, and other high-ranking officials at oblast and republican levels.

"As it turned out, not only are the flooded areas the poorest in Ukraine, but also those that have been affected by the Chernobyl catastrophe. Where there is a disaster, there is also Chernobyl on top of it. A few days ago, measurements were made, and the result is quite distressing—200 microröntgen. The majority of families with many children live in these places—between 10 and 12 children each. The residents of these areas need urgent help, because their potatoes have been lost, the hay has been flooded, and all of their last year's reserves are also under water. They do not even have rubber



boots to walk in now. That is why what can be done today must be done immediately and what may be done later must be planned. We will confirm this by a corresponding Cabinet of Ministers decree.

"If we list all the problems about which we have today heard from the people, one would like to cry together with them. The situation is difficult. However, we know what needs to be done. The long list that was submitted to us by the Rivne state administration will be fulfilled by all means. It is a matter of both financial and material resources, foodstuffs, fodder for animals, and seed. If one assesses the scale of the disaster in full measure, it is practically a catastrophe. However, the government must do everything in order to mitigate this enormous blow upon the people. One billion [monetary unit not specified] will not be sufficient here."

According to the Ukrainian presidential representative in Rivne Oblast, Roman Vasylyshyn, in order to normalize the situation and make it possible for the people to live through the winter and to keep the cattle, 346 billion karbovantsi is needed. Altogether 135.6 thousand hectares of wheat, sugar beetroot, potatoes, flax, and so on have been flooded, and there will be nothing to harvest there. Also about 7.5 thousand tons of hay are covered with water. Over 680 production and maintenance buildings are damaged and destroyed; in 146 populated areas, electric power supply and communication lines are not functioning. Ten bridges, 31 kilometers of highways, and 19 transformer stations have been destroyed. Besides, 26,000 hectares of private kitchen gardens have been flooded and 4,471 homes and public buildings have been damaged or destroyed by the elements.

The scope of the disaster is shocking. Will it be possible to avoid it and to save people in the future, in view of the fact that flooding is a traditional phenomenon in Polissya? As stressed by chairman of Ukraine's State Committee for Water Management Viktor Khoryev, the causes of such natural cataclysms also lie in the artificially created negative attitude toward amelioration. The president and the government issued directives to prepare a program for protecting from flooding mountain rivers and those rivers that tend to overflow onto surrounding territories. Such a program has already been prepared. Its implementation will make it possible to protect populated areas from such a calamity. In Rivne Oblast, rivers could not hold all the water that fell into them with rain. The rivers burst their banks. The present emergency commission of the oblast resolved that by the end of the year a number of measures be fulfilled for protecting villages from flooding. However, in order to prevent the situation in which the stinger pays double, it is necessary to urgently allocate money for the protection of these rivers.

When asked whether the tragedy in Rivne Oblast may not recur in a few weeks when, according to forecasts, there will be rains again, Viktor Khoryev remarked: The oblast water supply management will fulfill, in the very near future, a complex of urgent measures that will make it possible to avoid the recurrence of the disaster.

Vice Prime Minister Volodymyr Demyanov has been authorized to coordinate work of the emergency commission for eliminating the consequences of the natural disaster. The URYADOVYY KURYER editorial board will inform our readers about the results of the commission's activity in greater detail in one of our issues.

## Denmark

### Danish Help for Children With Diabetes

93EN0881Z Copenhagen BERLINGSKE TIDENDE  
in Danish 30 Aug 93 p 6

[Article by Keld Nissen: "Help to Sick Children in Lithuania"]

[Text] All children with diabetes in Lithuania are now being treated, thanks to help from Denmark.

Lithuania's 500 diabetic children have all been "adopted" by private individuals and companies in Denmark, so that each "adoptive parent" pays 100 kroner per month to "his" child.

The Danish help for the treatment of diabetes patients in Lithuania is organized by the Diabetes Association. In addition to the contributions of "adoptive parents," the assistance is also financed by Rotary, Novo, and the Health Ministry, among others.

"If we did not help, many children would receive no insulin or only poor quality insulin. Now they are receiving the best medicine and means of testing their blood sugar," chairman of the Diabetes Association Dr. Carl Erik Mogensen said.

With Danish assistance, Lithuania has also received an eye clinic to examine the eyes of diabetes patients and laser equipment to treat eye diseases that can occur as a result of diabetes.

Danish physicians are helping train their Lithuanian counterparts in both Lithuania and Denmark.

"We have chosen to help Lithuania and we hope that other Western countries will find other East European countries that they can help," Diabetes Association chairman Mogensen said.

## Finland

### Twenty Cases of Tularemia in Savo Province

93WE0577A Helsinki HELSINGIN SANOMAT  
in Finnish 23 Aug 93 p 6

[Article by Heli Mikkola: "Dozens Struck by Rare Rabbit Fever"]

[Text] Over 20 people have fallen victim to tularemia in Jorois in southern Savo. Tularemia has never before reached such epidemic proportions.

The first infected patient was found in the middle of July, and, as late as last Friday, a new case was reported at the Jorois Health Clinic. Two of the people infected were small children.

The disease is spread from infected hares by means of mosquitoes, horseflies, ticks, and other flying insects that

have bitten the hares. The disease is also spread through contact with blood, for instance when gutting an infected hare.

All the people in Jorois who have been stricken by the disease have contracted it from mosquito or other insect bites.

### Unless Treated, Fevers May Continue for Weeks

"The symptoms of tularemia are high fever, muscle pain, and headache. On an arm or leg of an infected person we can usually find a mosquito bite, a few days old, surrounded by an abscess less than a centimeter in diameter. In addition, the lymph nodes at the base of the limb are enlarged and tender," explained Martti Parnanen, chief physician at the Jorois Health Clinic.

"The fever and the aches and pains may continue for many weeks, the patient feels very sick, and will eventually seek medical attention. There is no danger that the patient will not notice any symptoms," noted Parnanen.

If left untreated, the disease can even be life threatening. It can spread through blood circulation to anywhere in the body or cause pneumonia. According to Parnanen, tularemia is relatively easy to treat with antibiotics as soon as the disease has been correctly diagnosed.

### Difficult To Completely Prevent Infection

The first case ever of tularemia striking a human was noted in 1966—in Jorois. Between the time the first case was detected and the current epidemic, not a single case of the disease was reported in Jorois. In other parts of Finland, only single cases were diagnosed, with the exception of one minor epidemic outbreak. This summer there have been a few cases diagnosed, in among other places, the area of Iisalmi.

According to Parnanen, the reason for the current epidemic is the simple fact that the hares in the Jorois area show a clearly higher incidence rate than was earlier the case. "Tularemia, which is caused by bacteria, is common among hares and for them the disease is deadly," he noted.

"It is difficult to avoid contagion altogether, but of course we can protect ourselves against mosquito bites by wearing clothing or using insect repellents. As far as this summer is concerned, the problem should be over fairly soon, as the mosquitos will succumb to the first night frosts. Hunters should always consider the possibility of contracting tularemia and should wear gloves when skinning or gutting an animal that they suspect to be infected," advised Parnanen.

### Health Condition of Conscripts Continues To Improve

93WE0555A Helsinki HELSINGIN SANOMAT  
in Finnish 20 Aug 93 p 5

[Article by Paivi Repo: "Conscript's Health Has Improved; Commonest Reason for Illness Is Asthma"]

[Text] Finnish conscripts are healthier than they used to be, but the incidence of asthma among conscripts has nonetheless multiplied over the past 20 years. Asthma is the commonest physical reason for the interruption of conscript service. Armed Forces chief physician, Medical Major General Kimmo Koskenvuo, said at the Armed Forces Health Service 75th anniversary celebration in Helsinki on Thursday [19 August].

The average conscript now runs 2,700 meters in 12 minutes and his muscular strength is greater than it used to be. He is 180 cm tall, 10 cm taller than at the beginning of the century.

The number of sudden conscript deaths has declined and the danger of dying from illness in the Army is much less than in civilian life. Conscripts commit suicide half as frequently as men the same age in civilian life.

However, it is apparently harder for them to adjust to the Army than before. Eight percent of the conscripts interrupt their service for health reasons, "half for Swedish interruptions," Koskenvuo said. Two-thirds of the interruptions are for mental health reasons.

About 5 percent of draft-age men are permanently discharged from service and about the same number are temporarily discharged.

### Diabetics Not Accepted in Army

Young diabetics being treated with insulin are unfit for the Army, even if the disease is well under control.

"The boys themselves and their parents, as well as the Diabetes Association, have been trying to get diabetics into the Army because it's important to both the boys and their families," Medical Colonel Heikki A. Salmi said.

"We have to think about their ability to function under unusual circumstances. Then too, at the start everyone has to go through the same rigorous basic training period. The Armed Forces systems should be changed to allow diabetics to participate."

### New Lapp Sled for Wounded

For several years now the Armed Forces have been developing a Lapp-type sled on which wounded soldiers can be transported to the first aid station by sking them there or on a snowmobile. A patient can be carried lying on his back on a Lapp sled. He is covered with a blanket in which there is an opening for his face. Another, comprehensive covering, which is fastened to the sides of the sled, is placed on top of it.

The sled is still in the prototype stage but, according to Koskenvuo, they plan to order hundreds of them for the Armed Forces. The Swedes are also interested in it.

Another product developed by the Armed Forces is the so-called field hospital tip, of which there is one for every 15,000 soldiers. The field hospital tip is an air frame tent that is linked with a mobile surgery unit in a shipping container. It is set up in a building, a health center, a hotel, or even in a school. Patients who cannot be transported to a regular field hospital are treated in it.

## Germany

### Germany Starts Vaccine Campaign Against Salmonella in Poultry

93WE0599A Copenhagen BERLINGSKE TIDENDE  
in Danish 20 Sep 93 p 5

[Article by Henrik Larsen: "Vaccine Against Salmonella"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The Germans have grown so tired of salmonella in poultry that they have started a vaccination campaign against this intestinal parasite in poultry.

Hygiene. The German Department of Agriculture has approved Zoosaloral H, a vaccine that apparently will give "almost 100-percent protection" against salmonella.

The vaccine will not be given by injection—that would be a totally insurmountable task. Instead, the millions of chickens that enter the German agricultural system every year will be given a drop of Zoosaloral in their drinking water when newborn.

It is hoped that the birds, whether they end up as grilled chickens or egg-laying hens—will develop resistance to the salmonella bacteria. And that in this way one can lessen the incidents of spreading of the bacteria to people.

In Germany 150,000 cases were registered in 1992—of which 200 were deadly. At home [in Denmark] physicians reported 3,300 cases to the Serum Institute.

A conservative estimate indicates that such numbers should be multiplied by 10 in order to get an idea of the problem's real impact—many cases of salmonella poisoning have not been registered because many patients and physicians think they are dealing with an ordinary stomach upset.

Moreover, salmonella is not one bacterium. There are more than 2,200 bacteria in the salmonella family of which only a few are harmful to people.

The most dangerous ones are the invasive ones that enter the circulatory system and cause fatal blood poisoning. Most members of this large family are not invasive.

however, and they settle for establishing themselves in the intestines where they take their nourishment from whatever happens by them.

### Iceland

#### Former Minister Attacks Health Spending Policy

93WE0501A Reykjavik MORGUNBLADID in Icelandic  
16 Jul 93 p 9

[Commentary by 'Staksteinar': "Not Many Places Have Lower Patient Cost Ratios Than Iceland"—first paragraph is MORGUNBLADID introduction]

[Text] Sighvatur Bjorgvinsson, minister of health from 1991-93, says in an interview with SOCIAL SECURITY/SOCIAL AFFAIRS (2, 1993) "that the state pays 87 percent of all health service costs and the people who receive the service only pay 13 percent," despite the savings in the health sector. "Only three countries in the world can boast of a lower ratio of patients contribution to the health service than Iceland."

#### Health Milestones 1991-93

Sighvatur Bjorgvinsson says in an interview with SOCIAL AFFAIRS: "During the past two years, for example, new health centers have been opened in many places around the country. The greatest change in these matters has, however, probably taken place in Reykjavik where two new health centers have been opened, in Breidholt and Grafarvogur; and the health center in Seltjarnarnes which also serves a large group of people in Reykjavik has been inaugurated...."

During these same two years, the problem of criminals unfit to stand trial has been resolved and with that solution, the blemish that marred the Icelandic judicial system has been washed away. Sick people were either incarcerated under totally unacceptable conditions in the country's jails or in alien institutions far from their native country....

During these two years, considerable progress was also made in ensuring housing for the elderly. In 1992, over 1000 nursing and service facilities were opened compared with only seven in 1991. The likelihood is that this development will continue in 1993...."

#### Expenditure Decreases, Service Increases

"The yardsticks that can be used for such things are items like number of operations, number of times patients visit their doctors, the number of patients under treatment in medical institutions, and whether the waiting lists show a drop or an increase. The Government Audit Department came to the conclusion that all these value factors that either must be considered measured or evaluated indicate that during the same period when expenditure has decreased, service has increased. More operations have now been performed, more patients have been treated in the medical institutions,

more interactions have taken place between patients and doctors, waiting lists have become shorter, etc. The decrease in expenditure has in this way not led to a reduction in service based on these measurements, it has increased."

#### Service for the Elderly

"Iceland is unique among the Nordic countries in that relatively more older people are living in nursing institutions in Iceland than in the neighboring countries. We have put in a great effort in connection with building up nursing care facilities for the elderly, for example, and it is correct to continue in that vein, however, with one eye on nursing care projections which now are being conducted in all health care regions. These projections show what the need is and in many instances, it is totally different from what it was said to be when persons interested in more brick and mortar take the stand. The time has therefore come to view the service for the elderly in its entirety and find out if it is not possible to maintain a greater coordination of service to the elderly in their homes as long as they so desire and are able to live in their own homes rather than invest in more brick and mortar...."

#### Ability and Welfare Issues

"Our ability to handle welfare issues to a greater degree will, of course, be decided by external circumstances. Unfortunately, we do not foresee that the Icelandic nation is in for better times during the next year or two. We must prepare for a longer defense struggle than most people expected. The defense struggle has now lasted continuously for seven to eight years, and during that time, we have dropped from the third and fourth place to the 16th place within OECD in terms of value of national production per person."

### Ireland

#### Dairy Specialist Discusses Leptospirosis

93WE0546A Dublin IRISH INDEPENDENT  
in English 29 Jun 93 Supplement p 11

[Article by Felix McCabe, Teagasc dairy specialist: "Leptospirosis Tracking the Dairy Farmers"]

[Excerpts] As an adviser, I encounter this disease now and again, mostly the type that causes an odd cow, or a few cows, to go well down in milk in summer time.

There are worse forms of it, such as large-scale abortion problems in late autumn, or most of the cows going nearly dry in summer before slowly coming back into milk.

I used to meet those problems more often some years ago, but now only occasionally, the majority being smaller scale losses.



Nola Leonard in Moorepark says the reason for the above is that there are two different situations as regards leptospirosis.

**1. Infected Herds**—Eight or nine herds out of every ten is now infected with Leptospirosis.

This infection will encourage the cows to develop their own immunity. These herds will usually not suffer any large scale economic loss due to abortion or milk loss.

**2. Clear Herds**—Not so many of these now. Because they will have no natural immunity, these herds can be badly hit if they do pick up the infection. British work puts this cost at £55 a cow a year.

Considering that Leptospirosis is probably causing some losses in most herds and that it is one of the two main causes of abortion in Ireland (also because it can affect humans now and then, occasionally very severely, (a vaccination programme should be considered by all serious dairy farmers.

### United Kingdom

#### Thousands of Frogs Die From Mystery Virus

93WE0571A London THE DAILY TELEGRAPH  
in English 24 Aug 93 p 7

[Article by David Brown, agriculture correspondent:  
"Frogs Wiped Out by Mystery Virus"]

[Excerpt] A virus has wiped out tens of thousands of frogs in garden ponds in the past 12 months, wildlife experts said yesterday.

Often the webbed feet drop off as the infection, known as Red Leg, spreads. Sometimes seemingly healthy frogs keel over and die from massive internal bleeding when people pick them up.

Researchers at London Zoo, together with scientists at the Ministry of Agriculture's Central Veterinary Laboratory near Weybridge, Surrey, believe a pox virus may be to blame.

Mr Tom Langton, director of Herpetofauna Consultants International, an environmental group based at Halesworth, Suffolk, which is the third participant in the frog Mortality Project, said yesterday: "Tens of thousands of frogs have died in the past year. We have been inundated with inquiries."

Garden ponds, he said, had become valuable conservation grounds for frogs and had helped to counter-balance the loss of traditional farm ponds which had been their usual habitat.

"Now there seems to be this new pathogen about which is taking its toll. Further research is needed to find out whether this is something new or whether this has been around for a long time, but is only now coming to our attention."

Affected frogs can sometimes be noticed when their normally green and brown skin turns pink. But often the damage is internal. Seemingly healthy frogs can die suddenly.

Mr Langton added: "I have experienced frogs dying in my hand when I pick them up. They look fine. Then they vomit blood and die."

[Passage omitted]

#### Labor Party Refutes Report on Hospital Waits

93WE0526 London THE DAILY TELEGRAPH  
in English 1 Jul 93 p 4

[Article by Peter Pallot]

[Text] An abrupt halt in the steady progress in cutting hospital waiting times occurred last April, according to figures collected from regional health authorities and published by Labour yesterday.

After the total of those waiting more than a year for admission fell by 21 per cent in the year to March 1993, it increased by 5.4 per cent, to almost 60,000, in April.

Labour also claimed that the total of all patients awaiting surgery topped one million for the first time.

The figures were released to try to overshadow a Department of Health report pointing to a record number of patients being treated in an increasingly efficient National Health Service.

Sir Duncan Nichol, chief executive of the NHS, said Labour's monthly figures were "unvalidated." The NHS would continue to give "validated" quarterly waiting list totals, and these showed a steady improvement.

In reply to Labour's comments, Mrs Bottomley, Health Secretary, said: "Of those who wait, nearly one in three is admitted within two weeks, nearly three in four within three months and 96 per cent within a year."

Mrs Bottomley presented figures for 1992/3 showing that efficiency in hospitals increased 5.6 per cent over the previous year. Overall last year, there were 7,846,000 treatments completed by consultants, 317,000 more than 1991/92. Self-governing trust hospitals accounted for most of the improvement. Their efficiency rose seven per cent, while old-style hospitals under health authority control improved four per cent.

The number of doctors increased by 300, admission waits over two years were eliminated and no patient waited over 18 months for a cataract or hip operation.

But Mr David Blunkett, Shadow Health Secretary, said: "No amount of smooth talking from the Secretary of State can disguise the fact that waiting lists are now at a record high, making a mockery of Government claims of increased efficiency."

Ms Liz Lynne, Liberal Democrat health spokeswoman, said the figures were "only the tip of the iceberg" as the length of time people had to wait for treatment was in reality much longer.

"The time from first seeing a GP and then being referred to a consultant is not counted. This means there are more people on the waiting lists than are being counted, and waiting times are much longer."

#### **Hepatitis Vaccine Effectiveness in Doubt**

93WE0527 London *THE SUNDAY TELEGRAPH*  
in English 27 Jun 93 p 12

[Article by Victoria Macdonald]

[Text] Health experts have called for an investigation into the effectiveness of the hepatitis A immunisation after one man died and another became seriously ill, despite being immunised before they travelled abroad.

In the first case, a 31-year-old man, working in North Africa, developed symptoms 10 weeks after receiving the human immunoglobulin, also called gamma globulin, injection. He later died of liver failure.

The second, 27 and healthy, was given a dose 26 days before leaving for Egypt. Ten days after he returned to Britain, he was found to have hepatitis and was bed-bound for four weeks.

Travel health experts say the problem here appears to lie with the failing number of hepatitis A antibodies in the population.

Gamma globulin is made from pooled plasma, but relies on enough people donating blood to have the infection in their system.

Since the Second World War the infection rates have declined up to six-fold, largely because of improved hygiene.

Hepatitis A is not considered serious and is rarely fatal. It spreads through contaminated water and foods and usually occurs in unsanitary conditions. Patients become feverish and their skin turns yellow.

While there has never been a full-scale study of the levels in the population, a recent survey of gamma globulin preparations revealed significant variations in concentrations of antibodies, including one sample which had levels lower than the World Health Organization recommended standard.

Dr Ron Behrens, of the Hospital for Tropical Diseases Travel Clinic, said, without careful monitoring, it would

be hard to detect a trend in antibody decline. "It is a phenomena of improving health and hygiene," he said.

Like all infectious diseases, the pattern of infection changes. In England and Wales, the Public Health Laboratory Service recorded 2,785 cases of hepatitis A in 1987 rising to 7,545 in 1990. But since 1991 infection rates have fallen again with 6,756 cases recorded that year.

#### **Health Care Compared With Other EC Countries**

93WE0528 London *THE DAILY TELEGRAPH*  
in English 23 Jun 93 p 8

[Article by Peter Pallot]

[Text] Britain has far fewer doctors and hospital beds for its population than any country in Europe, says a study of EC health care published yesterday.

The country has only 1-3 practicing doctors per 1,000 population—a third the figure for most European countries.

On beds in hospitals where operations are performed, Britain again comes bottom of the league—only 2-6 beds per 1,000 people compared to more than seven per 1,000 people in Germany.

A similar picture emerges on long-stay beds for patients with chronic disease.

The gap between Britain and its neighbours could become greater, the report says. The researchers polled 425 doctors and health managers, who predicted the current trend in ward closures would continue.

France is expected to double provision of long-term hospital beds by 1998, reversing the trend in Britain. Germany will maintain the highest ratio of beds in operating hospitals. The current ratio of 7-2 beds per 1,000 people is expected to fall only marginally to seven in 1998.

At a press conference in London to launch the survey by business advisers Andersen Consulting, Lord McColl, professor of surgery at Guy's Hospital, said current medical thinking was to get patients in and out of hospital as quickly as possible.

The report says there will be 22.5 per cent fewer beds in Britain in 1998 than there were in 1990.

Mr Philip Hunt, director of the National Association of Health Authorities and Trusts, said: "Patients are likely to find they are admitted less frequently to their hospital in the traditional sense."

However, the College of Health, a consumer organization backed by the Government to help patients to find the hospital with the shortest wait for operations, last night issued a warning over the bed-closure trend.

Miss Marianne Rigge, director, said: "It is very difficult to explain there are too many beds to patients who come to us after waiting a year for an outpatient appointment."

Latest Health Department figures show a record one million people waiting for hospital treatment although two-year waits have been almost abolished.

The report foresees that mounting demands on the health care budget from an increasingly elderly population and public expenditure restraints will force patients to seek private care.

### **Cancer Toll Hits New High Nationwide**

93WE0477E Cape Town *THE ARGUS* in English  
14 Jun 93 p 6

[Article by Andrea Weiss, health reporter: "Cancer Toll in SA Hits the 125 New Cases-Daily Mark"]

[Text]

### **Doctor Warns That Varying Causes on Increase**

An average of 125 cases of cancer are being reported in South Africa daily. Smoking, diet, occupation, lifestyle, pollution and infectious agents cause up to 90 percent of all these, while inherited cancers contribute only about five percent of the total. These figures were released by Dr Freddy Sitas, head of the national cancer registry at the SA Institute for Medical Research.

A 30 percent increase in tobacco consumption and an increase in the numbers of people with HIV have also had a significant impact. Increased cancers due to tobacco were in the region of 40 percent for men and 15 percent for women. These included cancers of the mouth, pharynx, larynx, lung, oesophagus, stomach, kidney and bladder.

HIV could cause a dramatic increase in certain cancers which could increase the burden on already overcrowded public health service.

Increased exposure to ultraviolet radiation due to the ozone "hole" was also cause of concern. Skin cancer was already the commonest cancer in the white population.

Bacteria and viruses played an important role in cancers. The human papilloma virus was linked to cancer of the cervix while Hepatitis B had a link with liver cancer.

Dr Sitas cautioned that, because access to pathology services in certain areas was limited, accurate figures were difficult to obtain for the black population. From the figures at his disposal, lifetime risk of cancer for blacks had been pegged at one in eight, although this could be as low as one in five if under-reporting were taken into account.

For whites, the risk was one in four for men and one in five for women.

Significant work could be done to control cancers of the cervix, oesophagus, skin and mesothelioma (caused by inhaling asbestos fibres), he said.

Cancer of the cervix was treatable if caught early, making a strong case for a national screening program.

Cancer of the oesophagus was caused by a combination of poor diet, smoking, alcohol and the consumption of moldy maize and was the commonest cancer in black men.

South African whites had the highest rate of mesothelioma worldwide. Black rates were lower, but this was probably because of lack of access to diagnostic facilities.

Dr Sitas made an appeal for the establishment of regional cancer registries which would give a more accurate measure of the "true burden of cancer."

### **Academic Hospital for Natal University Underway**

93WE0477D Johannesburg *ENGINEERING NEWS*  
in English 18-14 Jun 93 pp 1-2

[Article by Jill Stanford]

[Text] The Natal Provincial Administration (NPA) has been given the go-ahead to start work on a R360-million academic hospital in Cato Manor to serve the Medical School of the University of Natal.

Planning of the four-storey, 130,000 m<sup>2</sup> New Durban Academic hospital has reached an advanced stage and the first tenders for an R18-million contract for the extensive bulk earthworks, drainage and concrete palisade fencing have been invited.

The award of the 18-month contract is scheduled for the end of July.

"Work on the 1,025-bed hospital, which compares in size with the 996-bed H.F. Verwoerd hospital in Pretoria and the 1173-bed Kalafong hospital, will extend over six years," NPA Director of Health Services Dr Colin Mackenzie tells *THE ENGINEERING NEWS*.

Ken Howie, a partner of consultant architects Franklin Garland Gibson and Partners, the principal agent for the Natal Provincial Administration on the project, says that tenders for the main contracts will be invited from the middle to the latter quarter of next year.

The hospital will be the tertiary referral hospital for the entire Natal/Kwazulu region and, because of its strategic location, will also function as the Red Code Emergency reception centre in the Durban Functional Region.

The hospital has been designed to maximize, yet separate as far as possible, patient and visitor flows, reduce walking and transport distances to a minimum, and place minimal reliance on mechanical vertical transport systems.

Major equipment to be installed will be in keeping with an academic hospital of this calibre and while a maximum effort will be made to acquire locally made equipment, inevitably a significant proportion will be sourced overseas, says Dr Mackenzie.

The project will not only provide for the foreseeable future needs of academic beds but local, regional and national construction and hospital related industries will receive a vital boost and significant employment potential will exist during the construction period, he says.



Dr Mackenzie tells THE ENGINEERING NEWS that Natal is the only province in South Africa which does not have an academic hospital to serve its medical faculty.

"This requirement has been provided by the ageing and inadequate King Edward VIII hospital."

The upgrading of King Edward VIII hospital to required academic standards, even if land were available on site, would be more expensive than the New Durban Academic hospital facility.

An 800-bed regional hospital would have to be built elsewhere to replace the service beds that would be lost.

THE ENGINEERING NEWS learns that the University of Natal has also received approval and funding to proceed with a new Medical School for its Faculty of Medicine. It is to be built adjacent to the hospital and will share a common entrance from Bellair road.

### **New Technology To Diagnose Baby Metabolic Disorders**

93WE0477A Johannesburg SUNDAY STAR in English  
20 Jun 93 p 4

[Article by Sonti Maseko: "The Wonder Machine. Early Diagnosis Brings Hope to Babies With Metabolic Disorders"]

[Text] It looks a bit like a microwave oven, but it is being hailed as a revolutionary concept in medical technology.

The Klinolab, which has been developed by the CSIR (Council for Scientific and Industrial Research), Potchefstroom University's biochemistry department and Lektratek Instrumentation, can, through a simple urine analysis, diagnose metabolic disorders in babies.

Almost half of metabolic disorders are treatable. If detected within three months of birth, effective treatment can limit severe consequences and allow children to enjoy normal physical and mental development.

Previously, however, screening was expensive because of the equipment used, and only about 40 percent accurate.

It was also a laborious exercise, involving long, anxious hours of waiting by parents.

Now a screening will take six minutes instead of the usual three days, cost R75 instead of R1,000 and will be 98 percent accurate.

Also the Klinolab will cost R157,000 compared to the estimated R2 million cost of current technology.

It does not have to be operated by an experienced analyst and it will spare prospective parents the agonizing experience of Ilna Grobler, who gave birth to a baby girl, Jana, in 1987.

Jana slept most of the time and did not move around or kick her feet like other babies. Relatives thought she was a sweet baby, but three months later the alarm bells went off. Jana's limbs were limp and spread out "almost like a floppy doll," said Ilna.

Something was obviously wrong with little Jana—but what? Frequent visits to doctors and specialist and dozens of tests, followed.

Ilna remembers that it was decided to take skin-grafts from Jana for further testing. It was going to be painful, and she could not bear to watch. Accompanied by another specialist, she left the room. Outside she and the specialist spoke louder and louder to drown out Jana's screams.

Ilna was told that Jana had a rare metabolic disorder which prevented her body from absorbing certain nutrients and flushing out toxins.

"The bills started piling up," said Ilna. In Potchefstroom, Ilna came into contact with researchers developing the Klinolab and was asked to help by submitting Jana for testing.

Ilna hopes the invention of the Klinolab will help other parents whose children might develop disorders similar to Jana's. Diagnosis will be quicker, cheaper and less painful and treatment can be started early.

Today Jana has improved a great deal and, although she is retarded, can feed herself and attend a special school.

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